



**DEALERSHIP THEFT PROTECTION SYSTEM
NEW ACCOUNT REGISTRATION FORM**

ACCOUNT INFORMATION

Agent Company Name: _____
Dealer Name: _____ Dealer Code: _____
Shipping Address : _____
City: _____ State: _____ ZIP Code: _____
Phone #: _____ Fax # : _____ Email: _____
Bill to address (if different from above) _____
City: _____ State: _____ ZIP Code: _____
Preferred Freight Provider & Account Number: _____

CONTACT PERSONNEL

Agent / Dealer Principal: _____
Primary Ordering Contact: _____ Phone #: _____
Accounts Payable Contact: _____ Phone #: _____

The Agent / Dealer hereby requests access to the DotGuard Theft Protection System and access to register vehicles in the DotGuard National Vehicle Registration database.

Product orders may be lodged online via the DotGuard Dealer Management System found at www.dg-uid.com or they can be faxed to DotGuard at (425) 369-0201. Dealer will be liable for all orders placed by them or their staff. Please note that all labels are customized by dealer.

Dealer acknowledges they have received and read the DotGuard application template and will only use the product for the purpose stated by DotGuard. Dealers are liable for correct application to vehicles.

AGENT / DEALER SIGNATURE _____ DATE _____

Please complete and fax to 1 (425) 369 0201 to facilitate account establishment.

