EXHIBIT A – DEALER GROUP SIGN-UP

Dealership Group Parent/Corporate Name		Street Address	City	State	Zip	FEIN	Phone	Fax
Dealership Legal Name	**Trade Name / DBA**	**Street Address**	**City**	**State**	**Zip**	**FEIN**	**Phone**	**Fax**

SIGNING FOR ALL DEALERSHIPS LISTED ABOVE:

Signature	Printed Name	Title	Date
ORIGINAL SIGNATURE REQUIRED			