DealernetB2B Elite Member Verification

DealernetB2B ID:
Name of person financially responsible:
Title/Position:
Home Address:
City: State: ZIP: Phone:
Name of Business: Tax ID #
Business Address:
Ebay and/or Amazon Vendor ID:
City: State: ZIP: Phone:
Legal Form Under Which Business Operates: Corporation Partnership Proprietorship
If Division/Subsidiary, Name of Parent Company:
Bank Reference (NOT REQUIRED IF ALREADY SET UP FOR Dealernet EFT BANK ACH)
Institution Name:
Account #: Routing #:
I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used solely to participate in the DealernetB2B Payment Assurance Program.
Signature and Date