

DEALER AFFILIATION

Please note: This information is needed to comply with Santander Consumer Affiliation Policies.

This form must be filled out by an OWNER, PARTNERS, MEMBERS, AND / OR DIRECTORS, COMPTROLLER OR THOSE WHO HAVE THE POWER TO EXERCISE A CONTROLLING INFLUENCE OVER THE MANAGEMENT OR POLICIES OF THIS DEALERSHIP.

Duplicate this form if you have more than 4 stores.

PRIMARY DEALER INFORMATION

Check here if your Dealership is not affiliated with any other dealership (No Affiliations)

DEALERSHIP NAME	SIGNATURE
PHYSICAL ADDRESS	PRINTED NAME
CITY, STATE AND ZIP	TITLE
PRIMARY CONTACT NUMBER	SANTANDER CONSUMER USA VENDOR #

#1 DEALERSHIP

DEALERSHIP NAME/DBA
FEDERAL TAX I.D. NUMBER FOR THIS LOCATION
THIS DEALERSHIP LOCATION PHYSICAL ADDRESS
CITY, STATE AND ZIP
SANTANDER CONSUMER USA VENDOR#

#2 DEALERSHIP

DEALERSHIP NAME/DBA
FEDERAL TAX I.D. NUMBER FOR THIS LOCATION
THIS DEALERSHIP LOCATION PHYSICAL ADDRESS
CITY, STATE AND ZIP
SANTANDER CONSUMER USA VENDOR#

#3 DEALERSHIP

DEALERSHIP NAME/DBA
FEDERAL TAX I.D. NUMBER FOR THIS LOCATION
THIS DEALERSHIP LOCATION PHYSICAL ADDRESS
CITY, STATE AND ZIP
SANTANDER CONSUMER USA VENDOR#

#4 DEALERSHIP

DEALERSHIP NAME/DBA
FEDERAL TAX I.D. NUMBER FOR THIS LOCATION
THIS DEALERSHIP LOCATION PHYSICAL ADDRESS
CITY, STATE AND ZIP
SANTANDER CONSUMER USA VENDOR#