



**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](http://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.**

