

DEALER PRINCIPAL IDENTIFICATION FORM

LIST THE NAMES OF ALL EXECUTIVE OFFICERS, PRINCIPAL SHAREHOLDERS, PARTNERS, MEMBERS, AND / OR DIRECTORS, WHO OWN (10% OR MORE), CONTROL, OR HAVE THE POWER TO EXERCISE A CONTROLLING INFLUENCE OVER THE MANAGEMENT OR POLICIES OF THIS DEALERSHIP. *Please note: This information is needed to comply with Santander Consumer USA AML Policies. **I certify all information on this form is accurate.***

DEALER INFORMATION

dealership name	dealer identification number
physical address	
city, state and zip	signature
primary contact phone	printed name
other phone	title
	date

Mail to:
 Santander Consumer USA
 Attn: Special Ops
 Department
 8585 N. Stemmons Fwy.
 Suite 1100-North
 Dallas, TX 75247

Fax to:
(214) 540-5597

PERSON #1

name

title

home address

city, state and zip

date of birth

PERSON #2

name

title

home address

city, state and zip

date of birth

PERSON #3

name

title

home address

city, state and zip

date of birth

PERSON #4

name

title

home address

city, state and zip

date of birth

PERSON #5

name

title

home address

city, state and zip

date of birth

PERSON #6

name

title

home address

city, state and zip

date of birth