



Dealership Name: _____

Client Branch #: _____ Date: _____

Do you need this form available in POWER (Impact Version), the docuPAD system (Laser) or both: _____

Deal# (if applicable): _____

New Form Name: _____

New Form ID#: _____ New Form Revision Date: _____

Vendor/State/Contact (Provide any 3rd part contact): _____

Will this form replace an existing form? If so, what is the form number to replace: _____

Would you like to remove previous version from your list of forms: _____

Should we copy the Prompts from existing form: _____

When or how should this form be recommending in a deal? (Copy from existing form?): _____

Do you need associated Products replaced in your Menus? (Yes or No) _____

If yes, please list Products to replace: _____

Please provide a printed version of the form needed.

Please Note:

- *A PO may be required before new forms are programmed*
- *Additional documentation may be needed to allow use of customer images and/or forms*

Signature _____ **Date** _____

Name (Please Print) _____ **Title** _____

Please fax the completed form to (937) 485-4039.