



Enrollment Form

Dealer Info

| | | | |
|-----------------|--|--------------------------------|--|
| Dealership Name | | Primary Contact Name: | |
| Dealer Group: | | Primary Contact's Phone Number | |
| Dealer Phone: | | Contact's Email Address | |
| Dealer Address: | | | |

Training Details

| | | | |
|--|--|------------------------------------|--|
| No. of Shuttles: | | No. of Service Advisors: | |
| Estimated current shuttle rides daily | | No. of Dispatchers: | |
| No. of Drivers: | | Total No. of people to be trained? | |
| Anybody else responsible for shuttle coordination?: | | | |
| Current shuttle process: | | | |
| Do Shuttle Drivers have mobile phones? | | | |
| If yes, what kind of mobile phone do they have? | | | |
| Current smartphone platforms being used by dealer shuttle drivers (android, Apple, etc.) | | | |

Billing Details

| | | | |
|--------------------------------|--|---------------------------------|--|
| Trial Start Date and End Date: | | Billing Start Date: | |
| Subscription Amount: | | Set-up fee: | |
| Did they rent mobile phones? | | Mobile phone fee: | |
| Accounts Payable Name: | | Accounts Payable Email Address: | |

Quickride Sales Manager Details

| | | | |
|--------------|--|-------|--|
| Referred by: | | Date: | |
|--------------|--|-------|--|