



# DEALER MEMBER APPLICATION

## Ohio Independent Automobile Dealers Association



BUSINESS NAME: \_\_\_\_\_

DEALER LICENSE NUMBER : \_\_\_\_\_ EXP DATE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE Office: \_\_\_\_\_ Cell: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING CONTACT: \_\_\_\_\_

PHONE Office: \_\_\_\_\_ Cell: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**IF YOU WISH TO PAY BY CREDIT CARD, PLEASE FILL OUT THE SECTION BELOW**  
**Annual Dues are \$395.00**

Name (As it appears on credit card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Type: M/C VISA AMEX DISC AMT: **\$395.00** EXP Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**\*SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\* FOR TELEPHONE TRANSACTIONS, IN LIEU OF SIGNATURE, 3 DIGIT SECURITY CODE IS REQUIRED**

*By completing and signing this form, I am giving consent to the OIADA to release the above contact details to its membership.*

Check to opt out

**Address: OIADA - 2040 Brice Rd - Suite 110 - Reynoldsburg, Ohio 43068**

**Phone: 614-863-5800 Email: info@ohiada.org Fax To: 614-863-5801**

**www.ohiada.org**