

3.2.1 Automotive Mailing Services Sales Mailer Questionnaire

Dealership Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ email: _____ www: _____

SALE DATES		SALE HOURS		ACCEPTED CREDIT CARDS			
Month: _____	Date: _____	Monday:	_____ - _____				
_____	_____	Tuesday:	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Wednesday:	_____ - _____				
_____	_____	Thursday:	_____ - _____				
_____	_____	Friday:	_____ - _____				
_____	_____	Saturday:	_____ - _____				
_____	_____	Sunday:	_____ - _____				

NEW CAR OFFERS

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APR: _____																																					
Term: _____																																					
Payment: _____																																					
Sale Price: _____																																					

Please attach used car listings and disclaimers on separate sheets.
 Optionally, you may fax them to 866-615-5011 or email to mkeogh@comporium.net