



Arkansas Automobile Dealers Association

Dealership Data Form



We need your help! And you can win \$\$\$!

AADA is in the process of fully integrating our directory and related systems into a new digital service. To ensure our information is accurate, we would like an employee from each dealership to complete this short form and return it via mail (P.O. Box 9150 North Little Rock, Arkansas, 72119) or email (frontdesk@arkautodealers.com).

Dealership Name: _____ **City:** _____

Dealership Owner (or equivalent position):
 Name: _____ Email address: _____
 Work Phone #: _____ Cell Phone #: _____ *

Spouse Name: _____ Email address: _____
(Spouse's information is for use in AADA-sanctioned events ONLY. It will NOT be shared.)

General Manager:
 Name: _____ Email address: _____
 Work Phone #: _____ Cell Phone #: _____ *

Billing Contact:
 Name: _____ Email address: _____
 Work Phone #: _____ Cell Phone #: _____ *

Office Manager (or equivalent position):
 Name: _____ Email address: _____
 Work Phone #: _____ Cell Phone #: _____ *

Title Clerk:
 Name: _____ Email address: _____
 Work Phone #: _____ Cell Phone #: _____ *

NONE of this information will be public, it is for our directory system.
 * = Not required but suggested, particularly for owners

To be entered into the drawing, please fill out the following, and thank you for participating:

Name: _____

Title: _____ **Email address:** _____

Work Phone #: _____ **Cell Phone #:** _____