
Proposal Cover Sheet

Send completed form via email to your DLL Sales Rep or fax to:
F +1 515 334 7804

Dealership Name: _____ **Dealership Contact:** _____

Dealership Contact Email: _____ **Dealership Contact Phone:** _____

Customer Name: _____ **Application Date:** _____

Transaction Details

Sales Price: _____ **Dealer Cost:** _____

Down Payment: _____ **Sales Tax:** _____

Term (in months): _____ **Estimated customer closing/delivery date:** _____

Payment Frequency

Monthly

Quarterly

Semi-Annual

Annual

Other

Supporting Documents

Signed DLL Credit Application

Itemized Customer Proposal

For assistance, please call:

T +1 800 873 2474, Option 1, 1

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