



Lifestyle Credit Coverage Dealership Implementation Log

Dealership Name:	
Dealership Address:	
Products Activated:	<input type="checkbox"/> CC <input type="checkbox"/> CLC <input type="checkbox"/> CFF <input type="checkbox"/> CLS
Date of training:	
Name of Trainer:	
Method of training: (in person, webinar, seminar, etc):	
List of individuals trained:	
Documents provided:	<input type="checkbox"/> Dealer Manuals Other: <input type="checkbox"/> Desk Mat summary page <input type="checkbox"/> Brochures <input type="checkbox"/> Sample Certificate(s)

Trainer Signature

Date

Dealer Signature

Name (print)

Date