



Customer Referral Bonus Form

Associate Name: _____ Associate #: _____

Dealership: _____

Customer Name: _____

Contact Info: Phone: _____ Email: _____

Vehicle Year, Make and Model: _____

Selling Dealership: _____

Date of Appointment: _____

Date of Delivery: _____

Deal Number: _____

Approving Manager: _____ Referral Amount: \$200

It is necessary to communicate with the sales manager the customer's name, contact info, year, make and model of vehicle in order to receive credit for the referral. This completed form must be submitted to cmapayroll@cmacars.com so that the bonus may be processed.