

Scratch Repair Paint Protection

REGISTRATION FORM

Month Day Year

DEALER NAME: _____ Dealer Code: _____

DEALER ADDRESS: _____

CUSTOMER NAME: _____
Last Name First Name

CUSTOMER ADDRESS: _____
Street Address City State Zip Code

CUSTOMER PHONE: _____
City State Zip Code

VEHICLE INFORMATION: _____
Make Year Model Vehicle Identification Number Mileage

CUSTOMER E-MAIL: _____ \$ _____
Purchase Price

APPEARANCE PROTECTION PACKAGE INCLUDES:

SCRATCH REPAIR

Scratch Repair

Wheels-Rims



CUSTOMER SIGNATURE

I have read this Registration Form and the Limited Warranty, and I understand and agree to the terms and conditions contained in this Registration Form and in the Limited Warranty.

CUSTOMER'S SIGNATURE

_____/_____/_____
DATE

DEALER'S SIGNATURE

_____/_____/_____
DATE