

quantum shield

molecular automotive appearance protection

DEALER INFORMATION

Dealership Name: _____

Federal Tax ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Owner/Principal: _____ GM: _____

GSM: _____ F&I: _____

Office Manager: _____

New Car Makes Sold: _____

New Vehicles Sold/Month: _____ Used Vehicles Sold/Month: _____

Agency Name: _____ Agency Phone: _____

DATE DEALER WILL START USING THE PROGRAM: _____