

quantum shield

molecular automotive appearance protection

PROGRAM REMITTANCE

Dealer Name	Dealer Phone
Address	
City, State, Zip	
Reporting Month	Prepared by

Customer Name	Vehicle Sale Date	Retail Program Install Cost	Dealer Remittance
1			
2			
3			
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20			

Make checks payable to: Quantum-Shield, Inc.

Please attach "Administrator" copies of all issued warranties to this report and mail to:

QUANTUM – SHIELD, INC.

2328 E. Lincoln Highway, Suite 103, New Lenox, IL 60451

PHONE: 800-287-1608 FAX: 866-874-1403