

# quantum shield

molecular automotive appearance protection

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## 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: \_\_\_\_\_