



Classic Paintless Dent Repair

Company Use Only

Dealer:

Address:

| Effective Date | PDR Number | Customer's Last, First Name | Vin # (last 6 digits) | Dealer Remittance Amount |
|----------------|------------|-----------------------------|--------------------------|--------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |

Please Make Check(s) Payable To:

CLASSIC

Total Due: _____

Check Amount: _____

Mail Check(s), Remittance Form(s)

106 State Street East

Check Number: _____

AND ALL Registrations to:

Oldsmar, FL 34677

(800)930-4633