



Dent Wizard International Corporation  
Attn: Ding Shield Administrator  
4710 Earth City Expressway  
Bridgeton, MO 63044  
1-800-458-7072

## Ding Shield Service Plan Certificate of Transfer

In the event that you wish to transfer your Ding Shield Service Plan, please complete this form and return it to the above address with a \$50.00 transfer fee.

### Part I – General:

Vehicle Owner-Buyer/Lessee (Please Print) \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone, Home(\_\_\_\_\_) \_\_\_\_\_ Phone, Work(\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
VIN \_\_\_\_\_  
Plan Term \_\_\_1 yr (12 month) \_\_\_2 yr (24 month) \_\_\_3 yr (36 month) \_\_\_4 yr (48 month) \_\_\_5 yr (60 month)\_\_\_6 yr (72 month)  
Purchase Date \_\_\_\_\_ Ding Shield Registration# \_\_\_\_\_  
Dealership Purchased from \_\_\_\_\_

### Part II – Owner Transfer: (New Vehicle Owner-Buyer must enclose copy of the bill of sale for the registered vehicle)

This Plan is limited to the Buyer/Lessee and Vehicle listed on the Agreement. The Plan is transferable only one time by the original Buyer listed on the contract to someone to whom they sell their vehicle.

New Vehicle Owner-Buyer (Please Print) \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone, Home(\_\_\_\_\_) \_\_\_\_\_ Phone, Work(\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

I hereby acknowledge and agree to the transfer of my Ding Shield Service Plan as indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Note:

1. \$50.00 transfer fee must be submitted with this completed “Certificate of Transfer” and made payable to:  
Dent Wizard International Corporation
2. A transfer acknowledgment letter will be sent within 30 days of receipt.
3. Ding Shield Service Plan is administered by Dent Wizard International Corporation.