



Dent Wizard International
 Attn: Ding Shield Administrator
 4710 Earth City Expressway
 Bridgeton, MO 63044
 314-592-1887

Ding Shield Plan Weekly Remittance

Date: _____

Dealer Name			
Street Address	City	State	Zip
Date Submitted	Completed by	Title	Phone #

PLEASE PRINT OR TYPE CLEARLY. *Check Term*

Agreement No.	Customer Name	Standard or Luxury Plan	VIN	Date Sold	1	2	3	4	5	6
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Standard Plans

Qty.	Term	Price	Total
	1		
	2		
	3		
	4		
	5		
	6		

Luxury Plans

Qty.	Term	Price	Total
	1		
	2		
	3		
	4		
	5		
	6		

Total Amount Due:

\$ (Check payable to Dent Wizard Int.)

**Please remit payment to: Dent Wizard International
 Attn: Ding Shield Administrator
 4710 Earth City Expressway
 Bridgeton, MO 63044**

Please retain a copy of this form for your office records.