

Company Profile

Company Name _____ # _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Date Signed On _____

Owner _____ Manager _____

Commissions Paid To _____

Fed ID # _____ or SSN _____

Approx. Customers Per Month _____

Web Site Address _____

Email _____ Fax # _____

Do you mail or advertise locally? _____

The success of this Warranty Referral Program will be based upon your staff spending just a few minutes with every customer. They need to mention the availability and benefits of having a quality Service Agreement for their vehicle, and that they can virtually eliminate all future, costly auto repair bills (except for routine maintenance, of course). We simply ask that you suggest to your customer to call us for a free - no obligation quote, and to staple our hand out to their service invoice.

Yes, we will adhere to your suggestion _____