



DEALER DATA FORM

Dealer Name _____

Address _____

City _____ St. _____ Zip _____ Phone _____

Fax _____ E-Mail _____ Web Site _____

Federal ID # _____ Number of Locations _____

Owner _____ Ext. _____

General Manager _____ Ext. _____

Service Manager _____ Ext. _____

Sales Coordinator _____ Ext. _____

Labor Rate per Hour _____ Tax % _____ on Parts ___ Labor ___ Both _____

PLEASE FAX THIS FORM TO:

Lift Shield
1005 Pine Branch Drive
Weston, Fl 33326
1-800-655-9499
1-954-385-0539 Fax
www.liftshield.com