



DEALER PRODUCT LABEL ORDER FORM

Agent / Dealership Name: _____ Dealer Code: _____

Shipping Address: _____

City: _____ State: _____ ZIP: _____

Dealership Phone: _____ Fax: _____ Email: _____

Billing Address (if different from above) _____

City: _____ State: _____ ZIP: _____

ORDER DETAILS

Table with 2 columns: Product, Quantity. Rows include 10 Label Set per Vehicle, 20 Label Set per Vehicle, 50 Label Set per Vehicle, and DotGuard Brochures.

Minimum order 30 Sets (FOB).

DotGuard labels are custom created by dealer code. Labels are typically shipped within 10 days of order via 7 day UPS freight.

Label Substrate Required: Standard Brady Labels (white) _____ Premium Tessa Labels (black) _____

(Please note that if left blank then Standard Brady Labels will be used. Premium labels offer enhanced anti-theft removal characteristics but higher fees will apply)

UNIQUE DEALER BASED LABEL DATA (if this section is left blank then defaults will apply)

1) Asset Code: Auto _____ Motorcycle _____ Truck _____ ATV _____ Marine _____ RV/Motorhome _____ Powersports Other _____

(please enter quantity of labels for each asset code required - total should match quantity ordered above. If left blank default Auto (10) will apply for auto dealers and MC (02) code will apply for all powersports dealers.)

2) Department Code: Sales _____ Service _____ Warranty Repair _____ F&I _____

(please enter quantity required for each - total should match quantity ordered above. If left blank default Sales Dept code 01 will apply.)

Dealer hereby requests the supply of the stated quantity of DotGuard products. The Dealer agrees that it will be liable for any orders placed via fax or online and agrees to pay for product within 30 days of invoice. Please read fitment template before use.

DEALER SIGNATURE _____

Please fax this form to 1 (425) 369-0201 or email info@dotguarduid.com. Access DotGuard Online Dealer Management System: www.dg-uid.com

