



DATE _____

CLAIM # _____

PURCHASE DATE _____

CUSTOMER NAME _____

ADDRESS _____ City _____ State _____ Zip _____

Telephone: (____) _____ Fax (____) _____ e-mail: _____

VEHICLE INFORMATION

Make _____ Model _____ Year _____ Vin# _____

Mileage _____ License Tag # _____ Color _____

SELLING DEALER _____ City _____ State _____

Describe general condition of vehicle

Date You First Noticed Damage _____

DAMAGED AREA - EXTERIOR

Describe Damage:

Estimate cost of repair _____ Estimate attached yes no
INDICATE LOCATION OF DAMAGE

INTERIOR AREAS OF VEHICLE

Leather Vinyl Fabric

Describe Damaged Areas _____

Estimate cost of repair _____ Estimate attached yes no _____

Customer Signature _____ Dealer Signature _____

Attached photographs to expedite claim process

Show & Shine Protection System

A division of
EATON OIL/AUTOMOTIVE CHEMICAL CO
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