Dealership: _____

Location: _____

Phone: _____

Contact: _____

HAIL GUARD network

P.O. Box 550482
Atlanta, GA 30355

Date: _____

Start Date:_____ End Date:_____

HAIL SHIELD℠ (Contract/Payment Report)

MAKE	MODEL	YEAR	COLOR	VEHILCE ID#	CUSTOMER NAME	CUSTOMER ADDRESS	PAID

Contract (copy) due with payment on 15th and 30th.

(Make checks payable to **HAIL GUARD NETWORK, INC.**) **TOTAL**