



Dent Wizard International, Corp.  
Attn: Ding Shield Administrator  
4710 Earth City Expressway  
Bridgeton, MO 63044  
314-592-1887

### Ding Shield Service Plan "Certificate of Transfer"

In the event that you wish to transfer your Ding Shield Service Plan please complete this form and return it to the above address with a \$50.00 transfer fee.

#### Part I – General:

Vehicle Owner-Buyer/Lessee (Please Print) \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone, Home(\_\_\_\_\_) \_\_\_\_\_ Phone, Work(\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
VIN \_\_\_\_\_ Plan Term \_\_\_3 year (36 month) \_\_\_4 year (48 month) \_\_\_5 year (60 month)  
Purchase Date \_\_\_\_\_ Ding Shield Registration# \_\_\_\_\_  
Dealership Purchased from \_\_\_\_\_ Dealer# \_\_\_\_\_

**Part II – Owner Transfer:** (New Vehicle Owner-Buyer must enclose copy of the bill of sale for the registered vehicle)  
This Plan is limited to the Buyer/Lessee and Vehicle listed on the Agreement. The Plan is transferable only one time by the original Buyer listed on page one of the contract to someone to whom they sell their vehicle.

New Vehicle Owner-Buyer (Please Print) \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone, Home(\_\_\_\_\_) \_\_\_\_\_ Phone, Work(\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

**Part III – Vehicle Transfer:** (Not applicable on all Plans!) The Plan is transferable to a different vehicle acquired by the Buyer provided that an administrative fee is paid. Should the Buyer/Lessee wish to transfer *the remaining* Plan PDR Panel Repairs (within the specific 36, 48, or 60-month Plan term), the Buyer/Lessee must complete this certificate.

Ding Shield Plan to be transferred to:

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
VIN \_\_\_\_\_

I hereby acknowledge and agree to the transfer of my Ding Shield Plan as indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### \*Note:

1. \$50.00 transfer fee must be submitted with this completed "Certificate of Transfer" and made payable to: Dent Wizard International, Corp.
2. A transfer acknowledgment letter will be sent within 30 days of receipt.