



DMI Number

P.O. BOX 398
OYSTER BAY, N.Y. 11771
(516) 537-2060



DMI Warranty Form

CUSTOMER'S Name (Last)		(FIRST)	(MIDDLE)	
STREET ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	CELL NUMBER	E-MAIL ADDRESS		
VEHICLE MAKE & MODEL	YEAR	ODOMETER READING	V.I.N. (VEHICLE IDENTIFICATION NUMBER)	
AUTHORIZED SELLING DEALER		ADDRESS		
CITY	STATE	ZIP	PHONE NUMBER	

QUALIFIED VEHICLES FOR COVERAGE UNDER WARRANTY

- I. NEW VEHICLES UNDER 2 YEARS IN AGE
- II. USED VEHICLES INSPECTED & APPROVED BY AN AUTHORIZED PDR (PAINTLESS DENT REMOVAL) TECHNICIAN †
- III. VEHICLE OWNED BY ORIGINAL OWNER (WARRANTY IS NONTRANSFERABLE)

† VEHICLES WITH PRIOR DAMAGE MUST BE REPAIRED BEFORE IT MAY BE COVERED UNDER THIS WARRANTY

NON-QUALIFYING VEHICLES

THE FOLLOWING IS A LIST OF NON-QUALIFYING VEHICLES.

- I. ALL COMMERCIAL VEHICLES(EX. DELIVERY, SHUTTLE, TAXI, LAW ENFORCEMENT, SECURITY VEHICLES, RENTAL AND LANDSCAPING ETC.)
- II. ATVS INCLUDING MOTORCYCLES, QUADS ETC.
- III. MOTOR HOMES, LIMOUSINES ETC.

FILING CLAIMS FOR REPAIR

IN ORDER TO PLACE CLAIMS FOR REPAIR YOU MUST CONTACT DENT MONSTER INC. AT WWW.DENTMONSTERINC.COM AND CLICK "REQUEST REPAIR". FILL OUT THE FORM AND CLICK THE "SUBMIT" BUTTON OR CALL US AT (516) 537-2060. ONE OF OUR CUSTOMER SERVICE TECHNICIANS WILL THEN ARRANGE AN APPOINTMENT TO INSPECT YOUR VEHICLE. ONCE THE VEHICLE IS INSPECTED THE TECHNICIAN WILL VALIDATE COVERAGE AND THEN REPAIR DAMAGE WITH RESPECT TO THE AGREEMENT HEREIN. ANY REPAIR PERFORMED WILL BE EXPLAINED PRIOR, UNLESS CUSTOMER IS NOT PRESENT AT TIME OF REPAIR. (EX. CUSTOMER DROPPED OFF VEHICLE AT DEALERSHIP OR BODY SHOP AND REQUESTED REPAIR.) CLAIMS ARE TO BE REPAIRED AT PLACE OF PURCHASE OR AREAS COVERED BY **DMI WARRANTY**. THERE IS A \$10 CO-PAY PER CLAIM LIMIT 6 CLAIMS PER YEAR.

EXCLUSIONS TO THIS WARRANTY

DAMAGED PAINT, HAIL DAMAGE, REPAINTED SURFACE, ENVIRONMENTAL DAMAGE, PREVIOUS DAMAGE, STRETCHED DENTS, DENTS LARGER THAN 4" IN DIAMETER, EDGE DENTS, ROOF DAMAGE, INACCESSIBLE AREAS AND DENTS DEEMED NOT FIT FOR REPAIR BY QUALIFIED PDR TECHNICIANS UPON INSPECTION. TECHNICIANS WILL GIVE A FULL EXPLANATION AS TO WHY A DENT MAY NOT BE REPAIRED UNDER THIS WARRANTY. IF A DENT CANNOT BE REPAIRED TO OUR STANDARDS AN EXPLANATION WILL BE GIVEN TO A CUSTOMER OF WHAT TYPE OF REPAIR CAN BE ACCOMPLISHED USING VARIOUS PDR METHODS. IT IS THEN UP TO THE CUSTOMER TO MAKE THE DECISION OF WHETHER OR NOT TO PROCEED WITH SUGGESTED REPAIRS (EX. TECH:"REPAIR WILL ONLY BE 85% BETTER" CUST: "PLEASE PROCEED TO DO THE REPAIR.")

SELECT VEHICLE COVERAGE

CUSTOMER TO INITIAL BOX IN SPACE PROVIDED IN DESIRED COVERAGE.

<input type="checkbox"/> INITIAL 1 YEAR COVERAGE	<input type="checkbox"/> INITIAL 2 YEAR COVERAGE	<input type="checkbox"/> INITIAL 3 YEAR COVERAGE
<input type="checkbox"/> INITIAL 4 YEAR COVERAGE	<input type="checkbox"/> INITIAL 5 YEAR COVERAGE	

_____ DATE _____
 AUTHORIZED DEALER'S SIGNATURE

_____ DATE _____
 CUSTOMER SIGNATURE