

**UPDATE
YOUR CONTACT INFO**



Dear Franchise Partners,

We've added a few new faces over the years and information has changed, so we would like to make sure the contact information we have on file for you is current and up-to-date. Please take a moment to fill out the form below. For Franchise Owners, some of this information will be listed on the public site, www.drvinyl.com, to help potential customers know what services your franchise offers. We are hoping that this will cut down on the wasted time that comes from calls for services you do not offer. To see what your current listing says, visit www.drvinyl.com/locations/ and search for your territory by entering your city or zip code. Please fill this form out completely. *This form will also be published separately on the Dr. Vinyl Private website www.drvinyl.com/member (username and password required) if you wish to save and print.*

Thanks,
Buster Coppage

FRANCHISE OWNERS ONLY

Franchisee Name: _____ Franchise Number: _____

Dr. Vinyl of _____

Please indicate if your franchise offers the service by circling.

Interior Repair Services Dealerships:	YES	NO
Interior Repair Services Commercial:	YES	NO
Interior Repair Services Retail:	YES	NO
Vinyl Siding/Window Repair:	YES	NO
Windshield Repair:	YES	NO
Auto Paint Repair Services Dealerships:	YES	NO
Auto Paint Repair Services Retail:	YES	NO
Paintless Dent Removal Services Dealerships:	YES	NO
Paintless Dent Removal Services Retail:	YES	NO
Upholstery Repair Services Commercial:	YES	NO
Upholstery Repair Services Retail:	YES	NO

Please complete below so we can be sure our records are up to date.

	Publish on Website
Main Phone Number: _____	YES NO
Main Fax Number: _____	YES NO
Email Address: _____	YES NO

If you have a website you would like listed, please list the link here

ALL ASSOCIATES PLEASE COMPLETE

The following items won't be listed; they are just to be sure our records are up to date.

Name _____

Cell phone: _____ Home Phone: _____

Mailing Address: _____