



DELIVERY SATISFACTION SHEET

DATE: _____ RO# _____

CUSTOMER NAME: _____ TEL: _____

I HAD MY _____ REPAIRED WITH DENT ONE INC.

I GOT GREAT SERVICE! MY VEHICLE LOOKS GOOD. THEY REPAIRED MY VEHICLE AS WE HAD AGREED. THEY FULFILLED EVERY PROMISE THEY HAD MADE BEFORE I SIGNED UP FOR REPAIRS!

SIGNATURE: _____ SIGNATURE: _____

PLACE INSURANCE CHECK HERE

COPY OF ID CARD

COPY OF ID CARD