RETAILER PRODUCT E-RATING LIST

Retailer_____ **Date**_____

Address_____

Please complete one form per rooftop or location. Return to info@thezeroplan.com

I authorize the providers below to provide e-rating/e-contracting integration for their products to The ZERO Plan and their partner Vision Dealer Solutions.

_____ _____ _____

Dealer Signature ***Title*** ***Printed Name***

Product Key	Product Name (ex: Extreme)	Product Provider (ex: Protective)	Dealer Code (Issued By Provider)	Markup (Added to Cost)

PRODUCT KEYS

A Appearance **B** Chemical Pkg **C** Bundled Product **D** Ding & Dent **E** Key Replacement

F Maintenance **G** Roadside Assist **H** Theft Protection **I** Tire & Wheel

J Vehicle Service Contract **K** Mechanical Breakdown