

# **DEBT** **guardian**<sup>®</sup> *Auto Care*

*Online*

**ENROLL NOW!**

## **Enrollment is Quick and Easy**

1. **Fill Out the Attached Online User Application**
2. **Fax Completed Application to 859-344-7063**
3. **Receive An Email Back With Your Log-in and Password**
4. **Start Using**

## **Benefits**

1. **Fill Out and Print Waivers Online**
2. **Calculate and Process Cancellations Online**
3. **Remit Business Online**
  - a. **Including Net Remits**
  - b. **Accurate Reporting**
4. **Search Waivers Sold and Past Remits**



## Online User Application

Once completed please give to your Regional listed below Or Fax to 859-344-7063

Dealer Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Regional Name \_\_\_\_\_ Regional Number \_\_\_\_\_

Notes _____ _____ _____
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**Please set up logins for:**

Name: \_\_\_\_\_ E Mail: \_\_\_\_\_

Name: \_\_\_\_\_ E Mail: \_\_\_\_\_

Name: \_\_\_\_\_ E Mail: \_\_\_\_\_

Name: \_\_\_\_\_ E Mail: \_\_\_\_\_

Name: \_\_\_\_\_ E Mail: \_\_\_\_\_

Name: \_\_\_\_\_ E Mail: \_\_\_\_\_

Name: \_\_\_\_\_ E Mail: \_\_\_\_\_

Name: \_\_\_\_\_ E Mail: \_\_\_\_\_

Name: \_\_\_\_\_ E Mail: \_\_\_\_\_

***Once Set Up is complete, Dealer Logins will be emailed directly to the individuals names above***