



**VAN TUYL**  
GROUP®

**VERIFICATION FORM FOR  
MPP MECHANICAL PROTECTION PLAN  
EMPLOYEE QUALIFICATION**

Stock # \_\_\_\_\_

VIN # \_\_\_\_\_

Customer Name \_\_\_\_\_

Van Tuyl Group Member Name \_\_\_\_\_

Van Tuyl Group Member Phone # \_\_\_\_\_

Relationship of Van Tuyl Group Employee To Customer

\_\_\_\_\_

Van Tuyl Group Place of Employment \_\_\_\_\_

\_\_\_\_\_  
GENERAL MANAGER SIGNATURE

\_\_\_\_\_  
EMPLOYEE SIGNATURE

**THIS FORM MUST BE ATTACHED TO MPP CONTRACT**



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