



**Company Name**

AutoSkin Wrap

**City**

Jacksonville

**State**

FL

**Contact Name (First and Last)**

Ben Johnson

**Email**

[info@auto-skin.com](mailto:info@auto-skin.com)

**Phone**

(904) 684-4448

**Website**

<https://auto-skin.com/>

**Do you have a UF Supplier ID?**

Unknown

**Is the owner a UF alum?**

Unknown

**General Description of Services**

- Automotive Specialty Tools