



# REMITTANCE REGISTER

DEALER NAME				DEALER #	
STREET ADDRESS		CITY	STATE	ZIP	DEALER PHONE
DATE SUBMITTED	COMPLETED BY	TITLE	EXT or OTHER PHONE NO.		AGENT #

**NOTE: ALL REGISTRATIONS MUST BE SUBMITTED MONTHLY.**  
**PLEASE PRINT OR TYPE CLEARLY.**

DATE SOLD	CUSTOMER NAME (LAST, FIRST)	CODE NUMBER	AMOUNT DUE			TOTAL	OFFICE USE ONLY
			\$2500.00 LIMITED GUARANTEE	\$5000.00 LIMITED GUARANTEE	SAFE-GUARD ALERT		
1							
2							
3							
4							
5							
6							
7							
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11							
12							
13							
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16							
17							
18							
19							
20							

Please make check(s) payable to: **Safe-Guard Products International, Inc.**

Mail Check(s), remittance form(s)  
AND Registrations to:

**Safe-Guard Products International, Inc.**  
3500 Piedmont Road Suite 400  
Atlanta, Georgia 30305

**COLUMN TOTAL**

**CHECK AMOUNT**

**CHECK NUMBER**
