



PRINCIPAL-ONLY PAYMENT PLANSM WEEKLY REGISTER

Date: _____ Preparer's Signature: _____ Phone Number: (____) _____

Dealer Name: _____ Dealer Code Number: _____

Dealer Address: _____

A	B	C	D	E	F	G	H	I
Sale Date	Service Contract Number	Purchaser(s) Last Name	Contract Term	Number of Payments ¹ (12 or 18)	Service Contract Retail Price	Customer Down Payment (10% of Retail - Column F)	Amount Financed ² (F-G); Amount Must Be Greater than Column I	Dealer Cost + SPP Fee ³
<i>Example</i> 1/15/10	11752780	Johnson	5/75	18	\$1500.00	\$150.00	\$1,350.00	\$800.00
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- ¹ Minimum remaining contract term of 24 months/24,000 miles for 12-Month Payment Plan
Minimum remaining contract term of 36 months/36,000 miles for 18-Month Payment Plan
- ² Amount financed must **not be less than** dealer cost + SPP fee and may **not exceed** the higher of either of the following amounts: (i) \$1,000 over Dealer Cost or (ii) 200% of Dealer Cost.

12-Month Payment Plan SPP Fee	18-Month Payment Plan SPP Fee
\$105 if amount financed is < \$1,750	\$160 if amount financed is < \$1,750
\$160 if amount financed is = \$1,750 but < \$2,750	\$260 if amount financed is = \$1,750 but < \$2,750
7% of amount financed if amount financed ≥ \$2,750	10% of amount financed if amount financed ≥ \$2,750

- ⁴ If the TOTAL of column I is **greater than** the TOTAL for column H, please enclose a check for the difference.

Weekly: Do not send a check for the service contract cost. Mail register along with all Retail Installment Contracts and the corresponding Vehicle Service Contract Part Is* (Proof of Registration) to:

CNA National Warranty Corporation
P.O. Box 2840
Scottsdale, AZ 85252-2840

*If e-contracting, mail only register and Retail Installment Contracts; Part Is will be transmitted electronically.

Issued in Florida by CNA National Warranty Corporation – Florida, license 60098