



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 CONTRACTS/APPLICATIONS MUST BE SUBMITTED WEEKLY.
PLEASE PRINT OR TYPE CLEARLY.**

	Contract Holder Name (Last, First, Middle Initial)	Sale Date	Last 7 Numbers of VIN	Contract Term (Months)	Scheduled Maintenance	Maint. Fee Due	Admin. Fee (45, \$55, 65)	Amount Due	Office Use Only
	EXAMPLE: Customer, John Q.	6/1/06	5083155	12 Months	3 Months/ 3,000 Miles	\$350	+ \$45	= \$395	
1				_____ Months					
2				_____ Months					
3				_____ Months					
4				_____ Months					
5				_____ Months					
6				_____ Months					
7				_____ Months					
8				_____ Months					
9				_____ Months					
10				_____ Months					
11				_____ Months					
12				_____ Months					
13				_____ Months					
14				_____ Months					
15				_____ Months					
16				_____ Months					
17				_____ Months					
18				_____ Months					
19				_____ Months					
20				_____ Months					

Please make check(s) payable to:	Safe-Guard Products International, Inc.	COLUMN TOTAL		
Mail Check(s), remittance form(s)		CHECK AMOUNT		
AND Registrations to:	Safe-Guard Products International, Inc. 3500 Piedmont Road NE, Suite 400 Atlanta, Georgia 30305 800-742-7896	CHECK NUMBER		