



REMITTANCE REGISTER

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

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

	DATE SOLD	CUSTOMER NAME (LAST, FIRST)	AMOUNT DUE			OFFICE USE ONLY
			Passenger Cars, 4WD/Dual Wheel Vehicles, Trucks, etc.	Vogue Tires	V, VR, or ZR Rated Tires, Motorcycles and Trailers	
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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
