



## CLASSICTRAK TIRE & WHEEL PROTECTION PROGRAM REMITTANCE REGISTER

**Company Use  
Only**

**Dealer:**

**Address:**

Effective Date	Customer's Name (Last, First)	Term	Contract Number	Vehicle Class (select only one)					Surcharges		Dealer Remittance Amount
				Std.	Luxury	H.P. Luxury	BMW	Porsche	OEM Chrome Wheels	Dealer Aftermarket Wheels	
1.			CL								
2.			CL								
3.			CL								
4.			CL								
5.			CL								
6.			CL								
7.			CL								
8.			CL								
9.			CL								
10.			CL								
11.			CL								
12.			CL								
13.			CL								

**Please Make Check(s) Payable To:**

**CLASSIC**

**Total Due:** \_\_\_\_\_

**Mail Check(s), Remittance Form(s)**

106 State Street East

**With Register:** \_\_\_\_\_

**AND ALL Registrations to:**

Oldsmar, FL 34677

Report Prepared By: \_\_\_\_\_

**Any Questions: (800) 930-4633**

Date: \_\_\_\_\_

Check # \_\_\_\_\_