



Remittance Register

DEALER NAME				DEALER #
STREET ADDRESS		CITY	STATE	ZIP
DEALER PHONE #	DATE SUBMITTED		COMPLETED BY	TITLE
AGENT	EXT. or OTHER PHONE #			

NOTE: ALL Memberships MUST be submitted by the 15th of the Month following the Month sold. PLEASE TYPE OR PRINT CLEARLY - THIS IS A TWO PART FORM.

DATE SOLD	CUSTOMER NAME (LAST, FIRST INITIAL)	MEMBERSHIP NUMBER	AMOUNT DUE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Please make check(s) payable to:

Classic

Total Amount Due _____

Mail check(s), Remittance Register(s)
and the Administrator copy of the membership
to the following address:

Classic
106 State Street East
Oldsmar, FL 34677

Check Amount _____

Check Number _____