



**CLASSIC ROAD SERVICE - ROAD HAZARD
REMITTANCE REGISTER**

**Company Use
Only**

Dealer:

Address:

Effective Date	Term	Agreement Number	Customer's First & Last Name	Dealer Remittance Amount
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 Due: _____
With Register: _____

**Mail Check(s), Remittance Form(s)
AND ALL Registrations to:**

106 State Street East
Oldsmar, FL 34677

Report Prepared By: _____
Date: _____
Check # _____

Any Questions: (800) 930-4633