



## CLASSICTRAK ALL-IN-ONE 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	Curb & Cosmetic Coverage	
1.			AKCPT								
2.			AKCPT								
3.			AKCPT								
4.			AKCPT								
5.			AKCPT								
6.			AKCPT								
7.			AKCPT								
8.			AKCPT								
9.			AKCPT								
10.			AKCPT								
11.			AKCPT								
12.			AKCPT								
13.			AKCPT								

**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 # \_\_\_\_\_