



# REMITTANCE REGISTER

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

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

CUSTOMER NAME (LAST, FIRST INITIAL)	TERM	ORIGINAL LOAN/ LEASE AMOUNT	AMOUNT DUE	CUSTOMER NAME (LAST, FIRST INITIAL)	TERM	ORIGINAL LOAN/ LEASE AMOUNT	AMOUNT DUE
1				19			
2				20			
3				21			
4				22			
5				23			
6				24			
7				25			
8				26			
9				27			
10				28			
11				29			
12				30			
13				31			
14				32			
15				33			
16				34			
17				35			
18				36			

Please make check(s) payable to: **CLASSIC**

Mail check(s), Remittance Register(s) and the Yellow copy of the Addendums to: **CLASSIC**  
 106 STATE STREET EAST  
 OLDSMAR, FL 34677  
 1-800-930-4633

Total Amount Due \_\_\_\_\_  
 Check Amount \_\_\_\_\_  
 Check Number \_\_\_\_\_