



Signature

**CLASSIC ROAD HAZARD
TIRE & WHEEL PROGRAM
COSMETIC • CURB • RENTAL CAR
REMITTANCE REGISTER**

**Company Use
Only**

Dealer:

Address:

Effective Date	Term	Plan Code	Member Number	Vehicle Make	Member's Name Amount	Dealer Remittance
1.		R				
2.		R				
3.		R				
4.		R				
5.		R				
6.		R				
7.		R				
8.		R				
9.		R				
10.		R				
11.		R				
12.		R				
13.		R				
14.		R				
15.		R				
16.		R				
17.		R				
18.		R				
19.		R				
20.		R				

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

Distribution:

White/Yellow - Classic

Pink - Dealer