



CLASSIC SENTRY REMITTANCE REGISTER	Company Use Only
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Dealer: _____

Address: _____

Effective Date	Warranty Registration Number	Customer's Last Name	Alpha Numeric Code	Dealer Remittance Amount		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
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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