



Total Loss Protection Remittance Register

Dealer Name: _____

Dealer Address: _____

Effective Date	Member Registration	Customer's Last Name, First Name	Dealer Remittance Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

MUST Make Check(s) Payable To: Classic

Total Due: _____

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

**Classic
106 State Street East
Oldsmar, FL 34677**

Report Prepared By: _____

Date: _____

Check# _____

Any Questions: (800)930-4633