



Windshield Travel Protection

Company Use Only

Dealer:

Address:

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

Please Make Check(s) Payable To:

CLASSIC

Mail Check(s), Remittance Form(s)

106 State Street East

Total Due: _____

AND ALL Registrations to:

Oldsmar, FL 34677

Check Amount: _____

Any Questions:

(800)930-4633

Check Number: _____