

VEHICLE SERVICE CONTRACT SALES REGISTER

Dealer/ Producer # _____ Dealer/ Producer Name _____ Total Remitted \$ _____


Address _____ Prepared by _____

City/State/Zip _____ Phone _____

VSC #	Date VSC Sold	Contract Holder's Name	Plan	Deductible	Customer Cost	Dealer/ Producer Cost
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
TOTALS						

Important

Attach check for the total amount due. Enclose the original of each Service Contract Declarations Page and submit with this report to:



PREFERRED PROTECTION PLAN

PO Box 26830 • Austin, TX 78755
(877) 565-0816 • Fax (512) 637-3827

CHECK NO. _____

AMOUNT DUE \$

DATE _____

THIS REPORT IS DUE EACH WEEK.