



Contract Register for Month _____ Year _____

CONTRACT REGISTER AND REMITTANCE REPORT

Dealership Name _____ Dealership Code Number _____

Address _____

City _____ State _____ Zip _____

Telephone No. (_____) _____

See Procedure Manual for instructions on how to complete this form.

Sale Date	Last Name or Business Name	Contract Number	Program Selected	Contract Plan Months/Miles	Dealer Cost (Includes Surcharges and Options)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Contract Subtotal \$ _____

ADDITIONAL FUNDS ENCLOSED FOR PREVIOUSLY REPORTED CONTRACTS
(Please attach a copy of the Monthly Summary page from your Dealership Statement.)

IMPORTANT: Do not deduct any cancellation amounts on this Register.

Last Name or Business Name	Contract Number	Reason for Additional Funds (e.g., exception, correction)	Amount

Previous Month's Balance (deduct [-] for credit balance or add [+] for balance due) \$ _____

Remittance Total \$ _____

CNA National Warranty Corporation • Accounting Department
CNA National Warranty Corporation - Florida
P. O. Box 2840 • Scottsdale, AZ 85252-2840
800-345-0191 • 480-941-1626

Preparer's Name (please print) _____

Preparer's Phone # and ext. _____

3306 (09/06)

Today's Date _____

Issued in Florida by CNA National Warranty Corporation – Florida, license 60098