

Preferred Tire Care

Monthly Register and Remittance Report

Dealer/Lessor/Lender _____ Dealership No. _____

Address _____

City _____ State _____ Zip _____

Telephone No. _____

Effective Date	Name	Preferred Tire Care #	Contract Term	Preferred Tire Care Fee	Service Center Use Only
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

TOTAL THIS COLUMN

TOTAL ALL PAGES

(Your check should be for this amount)

IMPORTANT: Make Checks Payable To:

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

PREPARER'S SIGNATURE _____

REMEMBER TO ENCLOSE

- Copies of each Preferred Tire Care contract
- Your check for total amount (do not deduct for cancellations)
- White copies of Monthly Register and Remittance Report

CNA National Warranty Corporation - Florida
 License 60098

Submit one copy with the Part I(s)