

# WARRANTY REMITTANCE REPORT



Dealership \_\_\_\_\_  
 Prepared by \_\_\_\_\_  
 Phone# \_\_\_\_\_  
 Date \_\_\_\_\_

	Customer Name	1 Product	2 Products
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
	<b>Total Applications</b>		
	<b>Cost per Application</b>		
	<b>Totals</b>		

Total Remittance:\$ \_\_\_\_\_

Make checks payable to Midwest Warranty Services PO Box 204, Hopkins, MN 55343

White - Copy Midwest Warranty Services    Yellow Copy - Dealer    Pink Copy - Agent