



# REMITTANCE REGISTER

|                    |              |       |                         |                 |         |
|--------------------|--------------|-------|-------------------------|-----------------|---------|
| DEALER/SELLER NAME |              |       |                         | DEALER/SELLER # |         |
| STREET ADDRESS     |              | CITY  | STATE                   | ZIP             | PHONE   |
| DATE SUBMITTED     | COMPLETED BY | TITLE | EXT. or OTHER PHONE NO. |                 | AGENT # |

**NOTE: ALL REGISTRATIONS MUST BE SUBMITTED WEEKLY.  
PLEASE PRINT OR TYPE CLEARLY.**

| DATE SOLD | CUSTOMER NAME (LAST, FIRST) | PRODUCT | AMOUNT DUE | OFFICE USE ONLY |
|-----------|-----------------------------|---------|------------|-----------------|
| 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: <b>Safe-Guard Products International, Inc.</b><br><br>Mail Check(s), remittance form(s) AND Registrations to: <b>Safe-Guard Products International, Inc.</b><br>3500 Piedmont Road NE, Suite 400<br>Atlanta, Georgia 30305<br>800-742-7896 | COLUMN TOTAL |  |  |
|   | CHECK AMOUNT |  |  |
|   | CHECK NUMBER |  |  |



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| 6         |                             |         |            |                 |
| 7         |                             |         |            |                 |
| 8         |                             |         |            |                 |
| 9         |                             |         |            |                 |
| 10        |                             |         |            |                 |
| 11        |                             |         |            |                 |
| 12        |                             |         |            |                 |
| 13        |                             |         |            |                 |
| 14        |                             |         |            |                 |
| 15        |                             |         |            |                 |
| 16        |                             |         |            |                 |
| 17        |                             |         |            |                 |
| 18        |                             |         |            |                 |
| 19        |                             |         |            |                 |
| 20        |                             |         |            |                 |

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