

Register & Remittance Report

Date _____

(remit weekly, or at least once a month by the 15th)

DEALER INFORMATION	Issuing Dealer	Dealer Code No.	
	Address	Phone No.	
	City	State	Zip

Entry	Date of Sale	Purchaser's Name	Agreement Prefix & Number	Dealer Cost	Prizm Use Only Difference	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
				Total Cost		
				Office Use		
				Amount Remitted		

Important
<p>Attach Service Agreements or Applications Make all checks payable to: Lyndon Property Insurance Company U.S. Mail (only) to: Lyndon Property Insurance Company Department #292 Denver, CO 80291-0292</p> <p>Overnight delivery send to: 1099 18th Street, Suite 350 Denver, CO 80202</p>

Preparer's Name _____

Preparer's Signature _____