

Mail To:
Legacy Systems
 15615 N. 65th St
 Scottsdale AZ 85254

**Auto Service Contract
 Reimbursement
 Guarantee Program**

SALES REGISTER

DEALER: _____ DATE: _____
 ADDRESS: _____ SELLER ACCOUNT NO: _____
 CITY: _____ STATE: _____ ZIP: _____
 PREPARED BY _____ PERIOD ENDING _____ PAGE _____ OF _____

NO.	VSC EFFECTIVE DATE	Customer Name	VSC RETAIL PURCHASE PRICE	GPR COST	Last 6 Vin #	TOTAL AMOUNT DUE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
TOTALS:			\$	\$	\$	\$

Attach check(s), and applications to
SALES REGISTER
 Make Checks Payable To:
LEGACY SYSTEMS LTD

TOTAL: \$ _____
 CHECK # _____