



Contract Application Register

(Please Type or Print)

Sales for the Month/Year: _____ / _____ Agency Code #: _____ Agency Name: _____

Dealer: _____ Dealer Code #: _____ Dealer Contact: _____

Address: _____ Telephone #: _____
(Street) (City) (State) (Zip)

	VSC Number	Suffix	Owner's Name	VSC Price	Options + Surcharges =		Dealer Remittance
					Type	\$	
	1234567890	VQ	John Smith	785	\$0 Ded 4WD/AWD	100 125	1010 DO NOT ADD
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

G-912 (5/07)

Total Dealer Remittance \$

IMPORTANT:

Enclose Dealer Check with Register(s), MAKE CHECK PAYABLE TO: INTERSTATE

Interstate National Dealer Services, Inc.,
 333 Earle Ovington Blvd., Uniondale, NY 11553
 800-942-0400 www.inds.com