

AUTOSAVE®

5 YEAR / 100,000 MILE ENGINE & TRANSMISSION WARRANTY

AGENCY _____

AGENT NUMBER _____

DEALER _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

ADMINISTRATOR USE ONLY

DEALER NO: _____

DATE REC'D: _____

TOTAL WARRANTIES: _____

AMOUNT REC'D: _____

NO	CUSTOMER	Warranty Number	VIN NO. (Last 6 digits)	Warranty Cost	Surcharge	Total Due
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

A COPY OF EACH CUSTOMER REGISTRATION MUST ACCOMPANY REMITTANCE FORM

DEALER REMITTANCE FORM



AUTOSAVE
 Authorized Insurance Administrators
 Lock Box 2425
 Farmington Hills, MI 48333-2425
 PH. 800-684-1175 ~ FAX 800-785-3607
 ISO 9001:2000 Certified
www.autosave.net

