

Certified Maintenance Program Register

Dealership _____

Register for Month _____ Year _____

Address _____

Dealer Code # _____

City _____

Report Prepared By: _____

State _____ Zip _____ Phone (____) _____

Fax (____) _____

	Date	Customer's Name (Last Name) (First Name)	Contract Term (ex 12/12, 24/24)	Cost (Internal)	Sale Price (Price Charged)	Remittance
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$
11						\$
12						\$
13						\$
14						\$
15						\$
16						\$
17						\$
18						\$
19						\$
20						\$
21						\$
22						\$
23						\$
24						\$
25						\$

Important

- Record all maintenance programs sold on this register.
- Submit copies of applications weekly or bi-weekly with a copy of register with a check for the remittance amount.

Make Check Payable To: Performance Acceptance Corp.

and send to: **ADM MARKETING GROUP, INC.**
 3314 Market Street Suite 201
 Camp Hill, PA 17011-4464

Total Remittance \$ _____

Check # _____