



# REMITTANCE REGISTER

DEALER/SELLER NAME				DEALER/SELLER #	
STREET ADDRESS		CITY	STATE	ZIP	PHONE
DATE SUBMITTED	COMPLETED BY	TITLE	EXT. or OTHER PHONE NO.		AGENT #

**NOTE: ALL REGISTRATIONS MUST BE SUBMITTED WEEKLY.  
PLEASE PRINT OR TYPE CLEARLY.**

DATE SOLD	CUSTOMER NAME (LAST, FIRST)	PRODUCT	TERM	AMOUNT DUE	OFFICE USE ONLY
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Please make check(s) payable to: **Safe-Guard Products International, LLC**

Mail Check(s), remittance form(s)  
AND Registrations to: **ADM Marketing Group, Inc.**  
**3314 Market Street, Suite 201**  
**Camp Hill, PA 17011-4464**

COLUMN TOTAL

CHECK AMOUNT

CHECK NUMBER
