

TRANSMITTAL FORM

Dealer #: _____ Dealer Name: _____ Phone #: _____ Date: _____

Preparer's Name: _____ Agent #: _____ Name: _____

	VSC Date of Sale	Customer's Last Name	VSC Number	Plan Code	Retail Price	Dealer Cost
1						
2						
3						
4						
5						
6						
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25						

Please make all checks payable to Warrantech Automotive, Inc.

Warrantech Automotive, Inc.
P.O. Box 99404
Fort Worth, TX 76199-0404



**WARRANTECH
COMPANIES**

PAGE TOTAL: