



WEEKLY REGISTER AND REMITTANCE

Pro Certified Limited Warranty Register for Week Ending

Dealer Name _____ Dealer Code No. _____

Address _____

City _____ State _____ Zip Code _____

Preparer's Name _____ Phone _____

	A	B	C	D	E	
	Effective Date	Limited Warranty Number	Consumer's Last Name	Service Contract Number (If Purchased)	Dealer Cost	Office Use Only
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Mail Register and Remittance:

REMITTANCE AMOUNT

CNA National Warranty Corporation
P.O. Box 2840
Scottsdale, Arizona 85252-2840
800-345-0191

