



MONTHLY TRANSMITTAL LOG

MONTH _____ YEAR _____

Dealer Name		Dealer Number
Address		
City	State	Zip
Telephone	Fax	E-Mail
Prepared by:	Date	Rep Agency:

	Date	Customer Name	Xzilon Warranty Number	Last 6 Digits of VIN	XPG Package Interior, Exterior, Full REMIT AMOUNT	XPX Punctures, Rips & Tears, Burns REMIT AMOUNT	XPD or X-4 Extra Exterior Protection REMIT AMOUNT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

REMIT AMOUNT TOTALS