

# Xzilon FIT+ Transmittal Log

Month \_\_\_\_\_ Year \_\_\_\_\_

Dealer Name:		Dealer Number:	
Address:			
City:		State:	Zip:
Telephone:	Fax:	Email:	
Prepared by:	Date:	Rep Agency:	

#	Date	Customer Name	Xzilon Warranty Number	Last 6 Digits of Vin	Plan	Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Mail to: XZILON INC., 10 Pointe Dr. Suite 150 Brea, CA 92821 Phone 800-553-6866/ Fax 714-332-0320 / www.xzilon.com

**Total**