



MONTHLY 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	Basic	Plus	X-4	Other	
					REMIT AMOUNT	REMIT AMOUNT	REMIT AMOUNT	Plan	Amount
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
REMIT AMOUNT TOTALS									

Mail to: XZILON INC., 10 Pointe Dr. Suite 150 Brea, CA. 92821/www.xzilon.com