



AMERICAN GUARDIAN

Date: _____

SERVICE AGREEMENT REGISTER AND REMITTANCE REPORT

Dealer Name _____

Agent: _____

Address _____

Phone No. _____

City _____ State _____ Zip _____

#	DATE OF SALE	NAME	AGREEMENT PREFIX & #	PLAN & TERMS	DEALER COST	AGWS USE ONLY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Total Cost

Office Use

Amount Remitted

IMPORTANT

ATTACH Application PAGES & Remittance Report

**Make all checks payable to:
American Guardian Warranty Services, Inc.**

Mail to:
Attn: Premiums
American Guardian Warranty Services, Inc.
800 Roosevelt Road * Glen Ellyn, IL * 60137

Preparer's Name _____

Preparer's Signature _____