



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.  
 PO Box 768 Warrenville, IL 60555  
 Via UPS or Fedex  
 4450 Weaver Parkway Suite 200  
 Warrenville, IL 60555

Preparer's Name \_\_\_\_\_  
 Preparer's Signature \_\_\_\_\_