



PRINCIPAL-ONLY PAYMENT PLANSM WEEKLY REGISTER

Date: _____ Preparer's Signature: _____ Phone Number: (____) _____

Dealer Name: _____ Dealer Code Number: _____

Dealer Address: _____

A Sale Date	B Service Contract Number	C Last Name of Purchaser (Surname)	D Contract Term	E Number of Payments ¹ (12 or 18)	F Your Dealer Cost + SPP Fee ²	G Full Retail Cost of Service Contract	H Customer Down Payment (10% of Retail Cost—Column G)	I Amount Financed (G-H = I; Amount Must Be Greater than Column F) ³
<i>Example</i> 10/1/06	11752780	Johnson	5/75	18	\$800.00	\$1,500.00	\$150.00	\$1,350.00
TOTAL						TOTAL³		

³ **Send a check for the shortage if column I is less than column F. Do not send a check for the service contract cost.**
Weekly, mail register along with all Retail Installment Contracts and the corresponding Part I's (Proof of Registration) to:

CNA National Warranty Corporation
CNA National Warranty Corporation – Florida
P.O. Box 2840
Scottsdale, AZ 85252-2840

¹ Minimum remaining contract term of 24 months/24,000 miles for 12-Month Payment Plan
Minimum remaining contract term of 36 months/36,000 miles for 18-Month Payment Plan

12-Month Payment Plan SPP Fee	18-Month Payment Plan SPP Fee
\$95 if amount financed is less than \$1,750	\$150 if amount financed is less than 1,750
\$150 if amount financed is equal to \$1,750 but less than \$2,750	\$240 if amount financed is equal to 1,750 but less than \$2,750
7% of amount financed if amount financed is equal to or greater than \$2,750	10% of amount financed if amount financed is equal to or greater than \$2,750

Issued in Florida by CNA National Warranty Corporation – Florida, license 60098