



Remittance Register

941.739.0044

3626 Grant Line Road, Suite # 207 New Albany, IN 47150

	Effective Date	Name of Applicant	Member Number	Product Name	Term	Amount Due
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Dealer Phone Number: _____ Agent #: _____
 Dealer: _____
 Address: _____
 City, State, Zip: _____
 Completed by: _____ Date Submitted: _____
 Page: ____ of ____

Check Amount
 Check Number

*Mail check(s), remittance form(s) AND
 Registrations to:
 Maximus Auto Group
 3626 Grant Line Road, Suite # 207
 New Albany, IN 47150
 941.739.0044*