

FESC SERVICE CONTRACT TRANSMITTAL REGISTER

DEALERSHIP NAME: _____ **DEALER #:** _____ **DATE:** _____
ADDRESS: _____

	(Prefix) Agreement Number	Price	Purchaser (Last Name, First)	Address (Street, City, State, Zip)	(Year, Make, Model) Vehicle I.D. Number	Date	Mileage
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

FIRST EXTENDED SERVICE CORPORATION
 P.O. BOX 804785
 CHICAGO, IL 60680-4109

NUMBER OF SERVICE AGREEMENTS: _____

AMOUNT DUE: \$ _____

Distribution: White - FESC,
 Yellow - FESC, Pink - DEALER