

## FESC SERVICE CONTRACT TRANSMITTAL REGISTER

DEALERSHIP NAME: \_\_\_\_\_ DEALER #: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Prefix) Agreement Number	Reserve Amount	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