



# VALUESHIELD

## REMITTANCE REGISTER

DEALER NAME				DEALER #
STREET ADDRESS		CITY	STATE	ZIP
DEALER PHONE #				
DATE SUBMITTED	COMPLETED BY	TITLE		

**ALL REGISTRATIONS MUST BE SUBMITTED MONTHLY  
PLEASE PRINT OR TYPE CLEARLY**

	DATE SOLD	CUSTOMER NAME (LAST, FIRST)	CONTRACT #	TERM	AMOUNT DUE	F&I Closer
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Please make check(s) payable to:

NATIONWIDE AUTOMOTIVE SERVICES

COLUMN TOTAL

CHECK AMOUNT

CHECK NUMBER

Mail check(s), remittance forms(s) and registrations to:

NAS  
7000 W Palmetto Park Road, Suite 200  
Boca Raton, FL 33433  
561.338.3151