



APPEARANCE PROTECTION REMIT/SALES REGISTER

Dealer Name		Date	
Address			
City	State	Zip	
Telephone	Fax		
Email			

Mail to:
 GENESIS PRODUCTS ADMINISTRATOR
 P.O. Box 20667
 Oklahoma City, OK 73156

#	DATE	CUSTOMER NAME	LAST 8 VIN	YEARS	REMITTANCE AMOUNT	VERIFIED
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Make check payable to:
 GENESIS

TOTAL DUE: