



# ETCH/THEFT 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	ETCH NUMBER	REMITTANCE AMOUNT	VERIFIED
1						
2						
3						
4						
5						
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**Make check payable to:**  
 GENESIS

**TOTAL DUE:**