

# MONTHLY TRANSMITTAL LOG



MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

DEALER NAME \_\_\_\_\_ DEALER NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE	CUSTOMER NAME	LAST 6 DIGITS OF VIN	PERMA-PLATE WARRANTY NUMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
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24			
25			

Perma-Plate  
Warranty Dept.  
PO Box 58  
Salt Lake City, UT 84110

(800) 453-8470  
(801) 974-5557  
fax (801) 974-5559

PREPARED BY: \_\_\_\_\_

DATE: \_\_\_\_\_