



PRINCIPAL-ONLY PAYMENT PLANSM WEEKLY REGISTER

Date: _____ Preparer's Signature: _____ Phone Number: _____

Dealer Name: _____ Dealer Code Number: _____

Dealer Address: _____

A Sale Date	B Service Contract Number	C Last Name of Purchaser (Surname)	D Contract Term	E Number of Payments ¹ (12 or 18)	F Your Dealer Cost + SPP Fee ²	G Full Retail Cost of Service Contract	H Customer Down Payment (10% of Retail Cost - Column G)	I Amount Financed (G-H = I; Amount Must be Greater than Column F) ³
<i>Example</i> 6/1/05	11752780	Johnson	5/75	18	\$766.00	\$1,200.00	\$120.00	\$1,080.00
TOTAL							TOTAL ³	

³ Send a check for the shortage if column I is less than column F.
Do not send a check for the service contract cost.
Weekly, mail register along with all Retail Installment Contracts and the corresponding Part I's (Proof of Registration) to:

CNA National Warranty Corporation
CNA National Warranty Corporation - Florida
P.O. Box 2840
Scottsdale, AZ 85252-2840

¹ Minimum remaining contract term of 24 months/24,000 miles for 12-Month Payment Plan
Minimum remaining contract term of 36 months/36,000 miles for 18-Month Payment Plan

12-Month Payment Plan SPP Fee	18-Month Payment Plan SPP Fee
\$90 if amount financed is less than \$2,000	\$140 if amount financed is less than \$2,000
\$140 if amount financed is equal to \$2,000 but less than \$3,000	\$225 if amount financed is equal to \$2,000 but less than \$3,000
7% of amount financed if amount financed is equal to or greater than \$3,000	10% of amount financed if amount financed is equal to or greater than \$3,000