

MONTHLY TRANSMITTAL LOG

P E R M A



P L A T E®

MONTH	YEAR
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DEALER NAME		DEALER NO.
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	FAX	E-MAIL

	DATE	CUSTOMER NAME	LAST 6 DIGITS OF VIN	PERMA-PLATE® WARRANTY NUMBER	DEAL NUMBER	\$
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

SEND REMITTANCE TO:

**AIM Inc.
P.O. Box 600
Temecula, CA 92593-0600**

PREPARED BY:

DATE: