



DotGuard International Inc.
 +1(425) 369-0190
 info@dotguarduid.com

Please remit this form WEEKLY

Date Period

Warranty Contract Registration Remittance Form

Dealer Name		Dealer Code	
Address			
Completed by		Contact Details	

	Contract #	Customer Name	Make-Model	Term	Date Sold	Amount Due
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
					Total	

Please make checks payable to: DotGuard International Inc.

Once completed please fax this form to: DotGuard at (425) 369-0201 and then mail this form, contracts and payment to

DotGuard International
 3020 Issaquah Pine-Lake Rd, PMB514, Sammamish WA 98075

PLEASE ENSURE ALL CONTRACTS ARE COMPLETED AND ATTACHED TO THIS FORM

Additional registration forms may be downloaded at www.dg-uid.com