

Mail To :
 Protection Plus USA Inc.
 P.O. Box 398
 Dublin, Ohio 43017



Sales Register

| | | |
|---------|------------------|-----|
| Dealer | Date | |
| Address | Dealer Account # | |
| City | State | Zip |

| | | |
|--------------|---------------|---------|
| Prepared By: | Period Ending | Page of |
|--------------|---------------|---------|

| No. | Date Sold | Contract Holder | Cancel | Coverage Level | Coverage Cost | Option Cost | Total Due |
|-----|-----------|-----------------|--------|----------------|---------------|-------------|-----------|
| 1 | | | \$ | | \$ | \$ | \$ |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |

| | | | | | | |
|--------------------------|--|----|--|---|----|---------|
| <h2>Protection Plus</h2> | TOTALS | \$ | | \$ | \$ | \$ |
| | Attach check(s), Cancellation(s), and Applications to Sales Register | | | Written Contracts (Coverage Cost + Options) | | \$ |
| | Make checks payable to: | | | Less Cancels | | \$ |
| | Protection Plus USA Inc. | | | Net Due | | \$ |
| | | | | | | Check # |