



Date: _____

Agency Name: _____

Remittance Schedule

Norman & Company, Inc., ("CLASSIC")

_____ ("Dealer") has executed a Dealer/Agent Agreement with respect to the CLASSIC Road Hazard Tire & Wheel Programs and hereby agree to attach thereto this schedule for the calculation of remittance amount due per Enrollment. The Dealer further agrees to make all remittances payable to CLASSIC.

a. PROGRAM CHOICES (Please check the program(s) being utilized)

_____ <u>Classic Response Road Hazard</u>	_____ <u>Titanium Protection Plan</u>
_____ <u>Classic Complete Road Hazard</u>	_____ <u>Ultimate Titanium</u>
_____ <u>Classic Signature Road Hazard Tire & Wheel</u>	_____ <u>Royal Titanium</u>

b. ACCOUNT TYPE

_____ Franchise (new) _____ Non-Franchise (used)

c.

_____ Auto _____ MC _____ TT/RV

d. REMITTANCE COMPONENTS Please write Legibly.

CLASSIC Tire/Wheel Program Cost (includes Administration and Claims Fee)		Dealer cost rate schedule attached. (Dealer cost rate includes any management fees.)
Management Fees - The Dealer authorizes CLASSIC to pay all Management Fees as follows:		Only one amount may be paid for each Management Fee listed below.
Name: Address: City SS# / Tax ID #:	Form W-9	\$
Name: Address: City State Zip SS# / Tax ID #:	Form W-9	\$
Name: Address: City State Zip SS# / Tax ID #:	Form W-9	\$
Total Remittance Amount Per Addendum		See Dealer cost rate schedule attached.

* Note: If the W-9 Form is not provided for management fees listed above, a 28% withholding tax will be applied. (Form W-9 is required for the Dealer.)

IN WITNESS WHEREOF, the parties have executed this Schedule on the dates listed below.

and any Management representatives) listed above.

This Remittance Schedule is effective as of this _____ day of _____, 20____ and supersedes all previously issued schedules.

SIGNATURES

Dealer: _____
 Signature: _____
 Print Name: _____
 Title: _____
 Witness: _____

Norman & Company, Inc., ("CLASSIC")
 Signature: _____
 Print Name: _____
 Title: _____
 Witness: _____

Dealer Information:

Dealer Phone Number: _____
 Dealer Website Address: _____
 Dealer Principal: _____
 New Car Manager: _____
 Office Manager: _____
 Contact Persons: _____

Dealer Fax Number: _____
 *Please provide dealer agreements for all dealer locations.
 General Manager: _____
 Used Car Manager: _____
 F & I Director: _____
 Email Address: _____