



VEHICLEONE

Service Payment Plan Weekly Service Contract Register

Service Contract Plans less than 24 months
are not eligible for the Payment Plan.

Administrator Dealer # _____

Dealer Name _____

Address _____ Phone # (____) _____

City _____ State _____ Zip _____ Date ____/____/____

| Purchaser's Name | Date of Sale | Contract Number | Dealer Cost | Service Fee (see Retail Installment Agreement) | Total Dealer Cost Including Service Fee | Amount Financed (Must at least equal Total Dealer Cost) |
|------------------|--------------|-----------------|-------------|--|---|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

| | |
|----------|--------|
| Check #: | Total: |
|----------|--------|

Remit to: VehicleOne
P. O. Box 542050
Omaha, Nebraska 68154-2100