FINANCE COMPANY'S MONTHLY REPORT OF WHOLESALES TO LICENSED RETAILERS

FROM:

LICENSE NO: _____

NAME: _____

ADDRESS: _____

_____

PHONE: _____

SUBMIT BY
10TH of Month

To:

STATE OF ALABAMA
ALABAMA MANUFACTURED HOUSING COMMISSION
350 SOUTH DECATUR STREET
MONTGOMERY, ALABAMA 36104
TELEPHONE: (334) 242-4036 FAX: (334) 240-3178

I certify that the following manufactured homes were were sold during the month of_____**, 20**_____

SIGNED: _____

LINE NO.	COMPLETE HUD LABEL NUMBER	COMPLETE MANUFACTURER'S SERIAL NUMBER	WIND ZONE	LENGTH	WIDTH	DATE OF MFT.	DEALERS'S NAME	DEALER LICENSE NUMBER	DEALER CITY
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									