SERVICE PAYMENT PLAN ("SPP")

DEALER REMITTANCE FORM

DEALER NAME	DEALER NUMBER	DATE
STREET		
CITY	STATE	ZIP
CONTACT	PHONE	FAX
REPORTING PERIOD	NUMBER REPORTED	

	APPLICATION NUMBER	APPLICANT NAME	VSC TERM	PAYMENT PLAN TERM
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Remember:
Enclose Original VSC Application(s) and Original Payment Plan Form(s). Do Not Send Any Money With This Payment Plan Reporting Form. Phone: 800-822-8587 Fax: 619-321-0162

Mail to:
Program Administrator
1785 Hancock Street, Suite 100, San Diego, CA 92110-2051
www.myameriplus.com