AmeriPlus™

VEHICLE SERVICE CONTRACT
DEALER REMITTANCE FORM

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

	APPLICATION NUMBER	APPLICANT NAME	PROGRAM SELECTED	CONSUMER COST	SELLER COST
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

MAKE CHECK PAYABLE TO: ***PROGRAM ADMINISTRATOR*** AND REMIT TO ADDRESS SHOWN BELOW.
PLEASE ACCOUNT FOR ALL PRE-NUMBERED VSC FORMS IN NUMERICAL ORDER.
RETURN ALL SPOILED COPIES TO ADMINISTRATOR WITH THIS REPORT.

DO NOT OFFSET OR NET CANCELLATIONS AGAINST NEW BUSINESS

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