



**AmeriPlus GAP
Dealer Remittance Form**

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

CONTRACT NUMBER	EFFECTIVE DATE	TERM	CONSUMER NAME	REMITTANCE
(1)				\$
(2)				\$
(3)				\$
(4)				\$
(5)				\$
(6)				\$
(7)				\$
(8)				\$
(9)				\$
(10)				\$
(11)				\$
(12)				\$
(13)				\$
(14)				\$
(15)				\$
(16)				\$
(17)				\$
(18)				\$
(19)				\$
(20)				\$

<p>MAKE CHECK PAYABLE TO: PROGRAM ADMINISTRATOR AND REMIT TO ADDRESS SHOWN BELOW. PLEASE ACCOUNT FOR ALL PRE-NUMBERED GAP FORMS IN NUMERICAL ORDER. RETURN ALL SPOILED COPIES TO ADMINISTRATOR WITH THIS REPORT.</p>	DO NOT OFFSET OR NET CANCELLATIONS AGAINST NEW BUSINESS	\$
--	--	----

OwnerGuard Corporation
 Lockbox 734398
 Dallas, TX 75373-4398
 (619) 228-0100 FAX (619) 228-0128
 www.myameriplus.com