



**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					

<p>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.</p>	<p>DO NOT OFFSET OR NET CANCELLATIONS AGAINST NEW BUSINESS</p>	
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Program Administrator
 Mail to: Lockbox 734398, Dallas, TX 75373-4398
www.myameriplus.com