



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)				\$

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.

**DO NOT OFFSET OR NET
CANCELLATIONS AGAINST
NEW BUSINESS**

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