



**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
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				

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
 Lockbox 734398, Dallas, TX 75373-4398
www.myameriplus.com