



Ancillary Product Remittance Register

(Please Type or Print)

Sales for Month/Year: _____ / _____ Agency Code #: _____ Agency Name: _____
 Dealer: _____ Dealer Code #: _____ Dealer Contact: _____
 Address: _____ Telephone #: _____
(Street) (City) (State) (Zip)

Products: GAP, ETCH, Tire/Wheel, StarUVP)

Contract #	Sale Date	Customer Name (Last, First)	Product	Term	Dealer Remittance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

TOTAL:	
CHECK AMOUNT:	
CHECK NUMBER:	

IMPORTANT:

Enclose Dealer Check with Register(s), MAKE CHECK PAYABLE TO: INTERSTATE
Interstate National Dealer Services, Inc., ATTN: Business Processing Services Center
 6120 Powers Ferry Rd. NW, Suite 200, Atlanta, GA 30339
 800-942-0400