

Debt Guardian

Remittance Register

DEALERSHIP NAME				DEALER #			
STREET ADDRESS			CITY	STATE	ZIP	PHONE #	
DATE SUBMITTED	COMPLETED BY	TITLE	EXT. or OTHER PHONE #			AGENT	

NOTE: ALL Waiver Addendums MUST be submitted by the 15th of the Month following the Month sold.

CUSTOMER NAME (LAST, FIRST INITIAL)	PLEASE <input checked="" type="checkbox"/> LOAN/LEASE	ORIGINAL LOAN/ LEASE AMOUNT	DEBT GUARDIAN COST	CUSTOMER NAME (LAST, FIRST INITIAL)	PLEASE LOAN/LEASE	ORIGINAL LOAN/ LEASE AMOUNT	DEBT GUARDIAN COST
1	<input type="checkbox"/> <input type="checkbox"/>			15	<input type="checkbox"/> <input type="checkbox"/>		
2	<input type="checkbox"/> <input type="checkbox"/>			16	<input type="checkbox"/> <input type="checkbox"/>		
3	<input type="checkbox"/> <input type="checkbox"/>			17	<input type="checkbox"/> <input type="checkbox"/>		
4	<input type="checkbox"/> <input type="checkbox"/>			18	<input type="checkbox"/> <input type="checkbox"/>		
5	<input type="checkbox"/> <input type="checkbox"/>			19	<input type="checkbox"/> <input type="checkbox"/>		
6	<input type="checkbox"/> <input type="checkbox"/>			20	<input type="checkbox"/> <input type="checkbox"/>		
7	<input type="checkbox"/> <input type="checkbox"/>			21	<input type="checkbox"/> <input type="checkbox"/>		
8	<input type="checkbox"/> <input type="checkbox"/>			22	<input type="checkbox"/> <input type="checkbox"/>		
9	<input type="checkbox"/> <input type="checkbox"/>			23	<input type="checkbox"/> <input type="checkbox"/>		
10	<input type="checkbox"/> <input type="checkbox"/>			24	<input type="checkbox"/> <input type="checkbox"/>		
11	<input type="checkbox"/> <input type="checkbox"/>			25	<input type="checkbox"/> <input type="checkbox"/>		
12	<input type="checkbox"/> <input type="checkbox"/>			26	<input type="checkbox"/> <input type="checkbox"/>		
13	<input type="checkbox"/> <input type="checkbox"/>			27	<input type="checkbox"/> <input type="checkbox"/>		
14	<input type="checkbox"/> <input type="checkbox"/>			28	<input type="checkbox"/> <input type="checkbox"/>		
Cancellations (Subtract)							
1	<input type="checkbox"/> <input type="checkbox"/>			Please attach Cancellation Form			
2	<input type="checkbox"/> <input type="checkbox"/>			Please attach Cancellation Form			
3	<input type="checkbox"/> <input type="checkbox"/>			Please attach Cancellation Form			
4	<input type="checkbox"/> <input type="checkbox"/>			Please attach Cancellation Form			
TOTALS							

Please make check(s) payable to:

Debt Guardian GAP

Mail check(s), Remittance Register(s)
and the Yellow copy of the Addendums to:

**Debt Guardian GAP
188 Barnwood Dr.
Edgewood, KY 41017**

Total Of All Columns _____

Check Amount _____

Check Number _____