

# GAP Remittance

Single Interest Insurance, Inc

## REMITTANCE REPORT

### REPORT BY THE 5th OF THE MONTH

DEALER \_\_\_\_\_ AGENT \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CUSTOMER NAME	GAP TERM	DATE OF CONTRACT	NEW/USED	YEAR	MAKE	LEASE/ FINANCE	GAP COST CUSTOMER	FEE DUE
1. _____			N/U			L/F		
2. _____			N/U			L/F		
3. _____			N/U			L/F		
4. _____			N/U			L/F		
5. _____			N/U			L/F		
6. _____			N/U			L/F		
7. _____			N/U			L/F		
8. _____			N/U			L/F		
9. _____			N/U			L/F		
10. _____			N/U			L/F		
11. _____			N/U			L/F		
12. _____			N/U			L/F		
13. _____			N/U			L/F		
14. _____			N/U			L/F		
15. _____			N/U			L/F		

Number of Waivers \_\_\_\_\_ x\$ \_\_\_\_\_  
Total Remittance Amount: \$ \_\_\_\_\_ Cost