

# Report

DEALER \_\_\_\_\_ DEALER ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ REPORT DATE \_\_\_\_\_

**NOTE: ALL REPORTS ARE DUE ON THE 1ST AND 15TH OF THE MONTH**

APPLICATION NUMBER	DATE	APPLICANTS NAME	REMITTANCE DUE	OFFICE USE ONLY
1				
2				
3				
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**IMPORTANT**

MAKE CHECKS PAYABLE TO:  
 ABIC WARRANTY TRUST  
 12800 ANGEL SIDE DRIVE  
 LEANDER, TEXAS 78641  
 1-800-346-6469

TOTALS THIS PAGE		
CHECK AMOUNT		
CHECK NUMBER		
OFFICE USE ONLY		