

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
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IMPORTANT

MAKE CHECKS PAYABLE TO:
 ABIC WARRANTY TRUST
 8201 North FM 620, Suite 100,
 Austin, TX 78726
 1-800-346-6469

TOTALS THIS PAGE		
CHECK AMOUNT		
CHECK NUMBER		
OFFICE USE ONLY		