

DEALER #		DEALER NAME			
STREET ADDRESS		CITY	STATE	ZIP	PHONE #
COMPLETED BY			AGENT		

NOTE: ALL submittals **MUST** be remitted **WEEKLY** to expedite processing. **ALL** EasyCare contracts can be remitted on this form. This includes **VSCs, GAP, Etch, KeyCare, Dent Repair**, etc.

Please include resubmittals and re-writes on this form.

CONTRACT NUMBER (INCLUDING PREFIX)	CUSTOMER NAME	LAST 8 OF VIN #	AMOUNT DUE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Please make check(s) payable to: EasyCare		TOTAL AMOUNT DUE	
		CHECK AMOUNT	
		CHECK NUMBER	
		# OF REGISTERS	_____ of _____

Mail check(s), Remittance Register(s) and Administrator copies to the following address:

US MAIL
 EASYCARE
 ATTN: ACCOUNTS RECEIVABLE
 PO BOX 8058
 NORCROSS, GA 30091-8058

OVERNIGHT ADDRESS
 EASYCARE
 ATTN: ACCOUNTS RECEIVABLE
 6010 ATLANTIC BOULEVARD
 NORCROSS, GA 30071-1303

SLIDE SHEET INTO REMITTANCE ENVELOPE

*** Please make sure
that the remittance address shows through
the window of the envelope.**

**Please make check(s) payable to:
EASYCARE**

**Mail check(s), remittance form(s)
and applications to:**

**EASYCARE
ATTN: ACCOUNTS RECEIVABLE
PO BOX 8058
NORCROSS, GA 30091-8058**