



GAP

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

**NOTE: ALL Waiver Addendums MUST be submitted by the 10th of the Month following the Month sold.
PLEASE PRINT OR TYPE CLEARLY**

CUSTOMER NAME (LAST, FIRST, INITIAL)	TERM OF LOAN	ORIGINAL LOAN/ LEASE AMOUNT	AMOUNT DUE PG	CUSTOMER NAME (LAST, FIRST, INITIAL)	TERM OF LOAN	ORIGINAL LOAN/ LEASE AMOUNT	AMOUNT DUE PG
1				19			
2				20			
3				21			
4				22			
5				23			
6				24			
7				25			
8				26			
9				27			
10				28			
11				29			
12				30			
13				31			
14				32			
15				33			
16				34			
17				35			
18				36			

Please make check(s) payable to:

Powerguard International

Total Amount Due: _____

Mail check(s), and Remittance Register(s):

P.O. BOX 906
Frazer, PA 19355-0921
(800) 479-7702

Check Amount: _____

Check Number: _____

