

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
 Mail To: AFWC
 24 Waterway Avenue Suite 900
 The Woodlands, TX 77380

| | | |
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| TOTALS THIS PAGE | | |
| CHECK AMOUNT | | |
| CHECK NUMBER | | |
| OFFICE USE ONLY | | |