

**REMITTANCE FORM**

DEALER/SELLER NAME		DEALER ID	
STREET ADDRESS		CITY	
STATE	ZIP	CONTACT	
PHONE	FAX	EMAIL	
REPORTING PERIOD		CONTRACT COUNT	CONTRACTS SPOILED

	Contract Number	Effective Date	Customer Name	Contract Term	Remit Amount
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$
11					\$
12					\$
13					\$
14					\$
15					\$
16					\$

<b>MAKE CHECK PAYABLE TO: FINANCIAL GAP ADMINISTRATOR LLC</b> AND REMIT TO ADDRESS BELOW. PLEASE ACCOUNT FOR ALL PRE-NUMBERED CONTRACTS IN NUMERICAL ORDER. ALL PRE-NUMBERED CONTRACTS MUST BE ACCOUNTED FOR. MARK ALL SPOILED COPIES (SPOILED) AND RETURN WITH THIS REPORT.	TOTAL \$
	CHECK #

**Financial Gap Administrator LLC**

1670 Fenpark Drive, Fenton, MO 63026 | Phone: 800-849-9559 | Fax: 636-680-0464