



ADVANCED PROTECTION
PRODUCTS INTERNATIONAL, INC.

GAP

**TOTAL LOSS
PROTECTION PLAN**

REMITTANCE REGISTER

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

NOTE: ALL ADDENDUM/WAIVERS MUST BE SUBMITTED MONTHLY.
PLEASE PRINT OR TYPE CLEARLY - THIS IS A THREE PART FORM.

	Member Name (Last, First, Initial)	Date of Contract	New/ Used	Year	Make	Model	Lease/ Finance	Plus Surcharge	NCB Surcharge	Amount Due	Office Use Only
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Please make check(s) payable to: Mail check(s), remittance form(s) AND Registrations to:	ADVANCED PROTECTION PRODUCTS INT., INC. ADVANCED PROTECTION PRODUCTS INT., INC. 17732 HIGHLAND ROAD SUITE G-158 BATON ROUGE, LA 70810	COLUMN TOTAL	
		CHECK AMOUNT	
		CHECK NUMBER	