



Today's Date _____ Page _____ of _____ pages

Register for Month _____ Year _____

Monthly Register and Remittance Report

Dealer/Lender/Lessor _____ Dealership No. _____

Address _____

City _____ State _____ Zip _____

Telephone No. _____

Effective Date	Name	GAP Number	Contract Term	GAP Fee	Service Center Use Only
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

TOTAL THIS COLUMN

\$0.00

TOTAL ALL PAGES

(Your check should be for this amount)

IMPORTANT

CNA National Warranty Corporation — Accounting Department
 P.O. Box 2840—Scottsdale, Arizona 85252-2840
 800-345-0191 — 480-941-1626

 PREPARER'S SIGNATURE

REMEMBERTOENCLOSE:

- Copies of each GAP addendum
- Your check for total amount (do not deduct for cancellations)
- White copies of Monthly Register and Remittance Report

White – CNA National Warranty Corporation

Yellow – Issuing Dealer