

# GAP



## REMITTANCE REGISTER

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

**NOTE:** ALL Waiver Addendums **MUST** be submitted by the 15th of the Month following the Month sold.  
PLEASE PRINT OR TYPE CLEARLY - THIS IS A THREE PART FORM.

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

Please make check(s) payable to:

**CLASSIC**

Total Amount Due \_\_\_\_\_

Mail check(s), Remittance Register(s)  
and the Yellow copy of the Addendums to:

**CLASSIC**  
110 STATE STREET, SUITE D  
OLDSMAR, FL 34677

Check Amount \_\_\_\_\_

Check Number \_\_\_\_\_