

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
1					
2					
3					
4					
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11					
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20					

IMPORTANT

MAKE CHECKS PAYABLE TO:
 ABIC WARRANTY TRUST
 10800 PECAN PARK BLVD., SUITE 410
 AUSTIN, TEXAS 78750
 1-800-346-6469

TOTALS THIS PAGE			
CHECK AMOUNT			
CHECK NUMBER			
OFFICE USE ONLY			