



Report and Remit Form

Send contracts and make checks payable to:
Protective, P. O. Box 770, Deerfield, IL 60015-0770

Account: _____ Account Code _____
Address: _____ City: _____ State: _____ Zip: _____
Account Representative: _____

Table with 7 columns: Consumer's Last Name, Contract Number (Include Prefix), Dealer Cost, Consumer's Last Name, Contract Number (Include Prefix), Dealer Cost. Rows 1-15.

OFFICE USE ONLY
Batch ID: _____
Carrier: _____
Check #: _____
Cash Receipt #: _____
Amount: _____
Date Received: _____
Keyed by: _____
Edited by: _____
DATE STAMP
DEPOSIT NUMBER:
1 2 3 4 5 6 7 8 9

Prepared by: _____ Page ____ of ____ Page Total: \$ _____

Note: Keep cancellations on a separate Report & Remittance. DO NOT deduct cancellations from Report and Remittance. Please submit cancellations immediately. DO NOT hold cancellations for positive business. Call Protective for cancellation quote.