

REMITTANCE FORM

DEALER/SELLER NAME		DEALER ID	
STREET ADDRESS		CITY	
STATE	ZIP	CONTACT	
PHONE	FAX	EMAIL	
REPORTING PERIOD		CONTRACT COUNT	CONTRACTS SPOILED

	Contract Number	Effective Date	Customer Name	Contract Term	Remit Amount
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$
11					\$
12					\$
13					\$
14					\$
15					\$
16					\$

MAKE CHECK PAYABLE TO: FINANCIAL GAP ADMINISTRATOR LLC AND REMIT TO ADDRESS BELOW. PLEASE ACCOUNT FOR ALL PRE-NUMBERED WAIVER FORMS IN NUMERICAL ORDER. ALL PRE-NUMBERED FORMS MUST BE ACCOUNTED FOR. MARK ALL SPOILED COPIES (SPOILED) AND RETURN WITH THIS REPORT.	TOTAL \$
	CHECK #

Financial Gap Administrator LLC

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