

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					
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IMPORTANT

MAKE CHECKS PAYABLE TO:
ABIC WARRANTY TRUST
8201 North FM 620, Suite 100,
Austin, TX 78726
1-800-346-6469

TOTALS THIS PAGE

CHECK AMOUNT

CHECK NUMBER

OFFICE USE ONLY