



ADVANCED PROTECTION  
PRODUCTS INTERNATIONAL, INC.

# GAP

**TOTAL LOSS  
PROTECTION PLAN**

## REMITTANCE REGISTER

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

**NOTE: ALL ADDENDUM/WAIVERS MUST BE SUBMITTED MONTHLY.  
PLEASE PRINT OR TYPE CLEARLY - THIS IS A THREE PART FORM.**

	Member Name (Last, First, Initial)	Date of Contract	New/ Used	Year	Make	Model	Lease/ Finance	Plus Surcharge	NCB Surcharge	Amount Due	Office Use Only
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

<b>Please make check(s) payable to:</b>	<b>ADVANCED PROTECTION PRODUCTS INT., INC.</b>	<b>COLUMN TOTAL</b>	
<b>Mail check(s), remittance form(s) AND Registrations to:</b>	<b>ADVANCED PROTECTION PRODUCTS INT., INC. 17732 HIGHLAND ROAD SUITE G-158 BATON ROUGE, LA 70810</b>	<b>CHECK AMOUNT</b>	
		<b>CHECK NUMBER</b>	