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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7					
8					
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12					
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18					
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20					

IMPORTANT

MAKE CHECKS PAYABLE TO:
Dealers Assurance Company Trust
8201 North FM 620, Suite 100,
Austin, TX 78726
1-800-346-6469

TOTALS THIS PAGE	0.00	
CHECK AMOUNT		
CHECK NUMBER		
OFFICE USE ONLY		

WHITE/YELLOW-COMPANY PINK-DEALER