

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					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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

CHECK AMOUNT

CHECK NUMBER

OFFICE USE ONLY