PRINT RESET

EASYCARE® Engage

Remittance Register

DEALER #	DEALER NAME			
STREET ADDRESS	CITY	STATE	ZIP	PHONE #
COMPLETED BY		AGENT		

NOTE: ALL submittals **MUST** be remitted **WEEKLY** to expedite processing. **ALL** EasyCare contracts can be remitted on this form. This includes **VSCs, GAP, Etch, KeyCare, Dent Repair**, etc.

Please include resubmittals and re-writes on this form.

	CONTRACT NUMBER (INCLUDING PREFIX)	CUSTOMER NAME	LAST 8 OF VIN #	AMOUNT DUE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Please make check(s) payable to: **EasyCare**	TOTAL AMOUNT DUE	0
	CHECK AMOUNT	
	CHECK NUMBER	
	# OF REGISTERS	_____ of _____

Mail check(s), Remittance Register(s) and Administrator copies to the following address:

US MAIL
EASYCARE
ATTN: ACCOUNTS RECEIVABLE
PO BOX 8058
NORCROSS, GA 30091-8058

OVERNIGHT ADDRESS
EASYCARE
ATTN: ACCOUNTS RECEIVABLE
6010 ATLANTIC BOULEVARD
NORCROSS, GA 30071-1303

PLEASE MAKE A COPY FOR YOUR RECORDS. SEE MAILING INSTRUCTIONS ON PAGE TWO (2).