



REMITTANCE REPORTING FORM

| DEALERSHIP NAME | | | | | | |
|----------------------|----------------|---------------|------|---------------|-------------|------------|
| REPORTING PERIOD | | NUM. REPORTED | | NUM. VOIDED | | |
| PRODUCT NAME: | | | | | | |
| REGISTRATION CODE | EFFECTIVE DATE | N/U | TERM | CONSUMER NAME | SALESPERSON | REMITTANCE |
| 1 | | | | | | \$ |
| 2 | | | | | | \$ |
| 3 | | | | | | \$ |
| 4 | | | | | | \$ |
| 5 | | | | | | \$ |
| 6 | | | | | | \$ |
| 7 | | | | | | \$ |
| 8 | | | | | | \$ |
| 9 | | | | | | \$ |
| 10 | | | | | | \$ |
| 11 | | | | | | \$ |
| 12 | | | | | | \$ |
| 13 | | | | | | \$ |
| 14 | | | | | | \$ |
| 15 | | | | | | \$ |
| 16 | | | | | | \$ |
| 17 | | | | | | \$ |
| 18 | | | | | | \$ |
| 19 | | | | | | \$ |
| 20 | | | | | | \$ |
| MAIL BUSINESS TO: | | | | | | \$ |

CERTIFIED FINANCE & INSURANCE

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