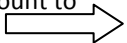




DEALER REMITTANCE FORM



| | | |
|---|---------------------------------|----------------------|
| Dealership Name | | Dealer Number |
| <i>Instructions:</i> Subtract the Total Refund amount from the Total Issue amount to get the Total Remittance Amount. Sign and date the form. Make a copy for your records and forward the original along with contracts and check made payable to Dent Zone Companies, Inc. to the address below. Please PRINT. | | |
| NEW BUSINESS | | |
| <u>Customer Name</u> | <u>Contract #</u> | <u>Issued Amount</u> |
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| Total Issue Amount: | | |
| CANCELLED BUSINESS | | |
| <u>Customer Name</u> | <u>Contract #</u> | <u>Refund Amount</u> |
| | | |
| | | |
| | | |
| | | |
| Total Refund Amount: | | |
| Subtract <i>Refund</i> Amount from <i>Issue</i> Amount to determine the Total Remit Amount.  | TOTAL REMITTANCE AMOUNT: | |
| SUBMISSION APPROVAL | | |
| Signature | Print Name & Title | Date |
| Return completed Form to: Dent Zone Companies, Inc. Attn: Client Services P.O. Box 140185, Irving, TX 75014-0185 Phone: 1-866-528-9134 Fax: 214-393-2135 | | |