

# REPORT & REMITTANCE



American Auto Guardian, Inc.  
 P.O. Box 925  
 Arlington Heights, IL 60006-0925  
 (888) 442-2886

Reporting Month _____	State _____	Account No. _____
Account/Dealer Name _____		
Address _____		
City, State, ZIP _____		
Completed By _____		Phone No. _____

	<u>Quantity</u>	<u>Amount Due</u>		<u>Quantity</u>	<u>Amount Due</u>
AutoGuard VSC:			Limited Warranty:	_____	\$ _____
New/Wrap	_____	\$ _____	Vehicle Theft		
Used	_____	\$ _____	Protection:	_____	\$ _____
Horizon VSC:	_____	\$ _____	Lease Guard	_____	\$ _____
Wheelz:			Excess		
New	_____	\$ _____	Wear & Tear:	_____	\$ _____
Used	_____	\$ _____			
Cool Guard	_____	\$ _____			
<b>Total Due</b>					\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

## Make checks payable to American Auto Guardian, Inc.

*NOTE: Keep cancellations on a separate Report and Remittance. Call AutoGuard's Processing Department for a cancellation quote. DO NOT deduct cancellations from your new business being reported. Please submit all cancellations immediately. DO NOT hold cancellations for positive business.*

	Contract No.	Customer Name	Remitted
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
13			\$
14			\$
15			\$

<i>For Internal Use Only</i>	
Batch No.	_____
Carrier	_____
Check No.	_____
Amount Rec'd	_____
Short/Over	_____
Pre-Edit	_____
Key	_____
Edit	_____
Date Stamp	