



# DEALER REMITTANCE FORM

|               |           |                |                    |                 |                    |
|---------------|-----------|----------------|--------------------|-----------------|--------------------|
| DEALER NAME   |           |                |                    | DEALER NUMBER   |                    |
| ADDRESS       |           |                | CITY               | STATE           | ZIP                |
| PREPARED BY   |           | E-MAIL ADDRESS |                    | TELEPHONE       |                    |
| DATE REMITTED | CHECK NO. | CHECK DATE     | CHECK AMOUNT<br>\$ | TOTAL # CANCELS | TOTAL # NEW ISSUES |

| NEW ISSUES - CUSTOMER NAME | EFFECTIVE DATE | TERM | CUSTOMER COST | DEALER COST |
|----------------------------|----------------|------|---------------|-------------|
| 1.                         |                |      |               |             |
| 2.                         |                |      |               |             |
| 3.                         |                |      |               |             |
| 4.                         |                |      |               |             |
| 5.                         |                |      |               |             |
| 6.                         |                |      |               |             |
| 7.                         |                |      |               |             |
| 8.                         |                |      |               |             |
| 9.                         |                |      |               |             |
| 10.                        |                |      |               |             |
| 11.                        |                |      |               |             |
| 12.                        |                |      |               |             |
| 13.                        |                |      |               |             |
| 14.                        |                |      |               |             |
| 15.                        |                |      |               |             |
| 16.                        |                |      |               |             |
| 17.                        |                |      |               |             |
| 18.                        |                |      |               |             |
| 19.                        |                |      |               |             |
| 20.                        |                |      |               |             |

| CANCELLATIONS – CUSTOMER NAME  | ADMIN REFUND               |
|--|----------------------------|
| 1.   |                            |
| 2.   |                            |
| 3.   |                            |
| 4.   |                            |
| 5.   |                            |
| <ul style="list-style-type: none"> <li>• Attach Administrator copies of all new business</li> <li>• Attach signed cancellation forms and/or required backup for all cancels</li> <li>• Submit business weekly</li> </ul> | <b>SUBTOTAL NEW ISSUES</b> |
|  | <b>SUBTOTAL CANCELS</b>    |
|  | <b>NET DUE PDS/ARCH</b>    |

**MAKE ALL CHECKS PAYABLE TO PDS/ARCH**

**SUBMIT ALL BUSINESS TO:  
PREMIER DEALER SERVICES, INC.  
P.O. BOX 23880  
SAN DIEGO, CA 92193-3880**

**PHONE: 800-886-8176  
FAX: 866-766-8549**

YOUR DEALERSHIP MAY QUALIFY FOR ONLINE CANCEL QUOTES OR ELECTRONIC REMITTAL  
CONTACT PDS SALES SUPPORT FOR FURTHER INFORMATION