



# Excess Wear and Tear REMITTANCE FORM

(New Business Only)

**Dealer Information (Please print)**

Dealer Name/#

Address:

City:

State:

Zip:

Email Address:

Preparer's Name:

Customer/Borrower Name	Agreement/Waiver #	Term	Dealer Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
<b>Total Amount Due</b>		\$	

Contact us at [operations@nationalautocare.com](mailto:operations@nationalautocare.com) to sign up for Electronic Remittance.