



REMITTANCE FORM

Dealer Information (Please print)

Dealer Name/# _____

Address _____
Street Address *Suite/Unit #*

City *State* *ZIP Code*

Email Address _____ Preparer's Name _____

Mail the Remittance Form, Completed Contracts and check by the 15th of each month to:
 SWBC 440 Polaris Parkway Suite 250 Westerville, OH 43082

Contract Information (Please print)

Customer/Member Name	Contract#	Dealer Cost
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
Make check payable to: SWBC Corporation		TOTAL AMOUNT DUE TO SWBC: