

# ■■■ Wise

## Finance and Insurance Products

### MONTHLY REPORTING FORM

<b>ACCOUNT NAME</b>		<b>POLICY NUMBER</b>
<b>STREET ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>CONTACT</b>	<b>PHONE</b>	<b>FAX</b>
<b>REPORTING PERIOD</b>	<b>NUMBER REPORTED</b>	<b>NUMBER SPOILED</b>

TERMS							Consumer Name	Remittance
Waiver Number	Effective Date	MSRP	0-60 Months	61-72 Months	73-84 Months	Consumer Name		
		120GW	\$	\$	\$			
		150GW						
1							\$	
2							\$	
3							\$	
4							\$	
5							\$	
6							\$	
7							\$	
8							\$	
9							\$	
10							\$	
11							\$	
12							\$	
13							\$	
14							\$	
15							\$	
16							\$	
17							\$	
18							\$	
19							\$	
20							\$	

<b>MAKE CHECK PAYABLE TO: FINANCIAL GAP ADMINISTRATOR</b> AND REMIT TO ADDRESS BELOW. PLEASE ACCOUNT FOR ALL PRE-NUMBERED WAIVER FORMS IN NUMERICAL ORDER. ALL PRE-NUMBERED FORMS MUST BE ACCOUNTED FOR. RETURN ALL SPOILED COPIES WITH THIS REPORT.	TOTAL \$ _____ CHECK # _____
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**GAPWise<sup>SM</sup> ADMINISTRATOR**  
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