



**PREMIER<sup>®</sup>**  
DEALER SERVICES

**CHEMICAL PROTECTION CONTRACT 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	TOTAL NO. OF CONTRACTS

Make checks payable to PDS/Arch

CONSUMER NAME	EFFECTIVE DATE	DEALER REMITTED
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		
16)		
17)		
18)		
19)		
20)		
		\$

- ✓ All business must be remitted and paid for on a monthly basis
  - ✓ Attach "Administrator" copy of each contract
    - ✓ Attach any spoiled contracts

**SUBMIT ALL BUSINESS TO:**

**PREMIER DEALER SERVICES, INC.**  
P.O. BOX 23880 • SAN DIEGO, CA • 92193-3880  
PHONE: 800-886-8176 FAX: 858-522-6201