



PREMIER[®]
DEALER SERVICES

THEFT DETERRENT 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 Great American Insurance Company

CONSUMER NAME	REGISTRATION NUMBER	SYSTEM SALE PRICE	DEALER REMITTED
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
PAGE TOTAL			\$

- ✓ All business must be remitted and paid for on a weekly 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: 858-522-6202