

DEALER REMITTANCE FORM

DEALER NAME				DEALER NO.	AGENT NO. AGT. 0008003
ADDRESS			CITY	STATE	ZIP
PREPARED BY		E-MAIL ADDRESS		TELEPHONE	
DATE REMITTED	CHECK NO.	CHECK DATE	CHECK AMOUNT \$	TOTAL # CANCELS	TOTAL # NEW ISSUES

NEW ISSUES - CUSTOMER NAME	EFFECTIVE DATE	TERM	CUSTOMER COST	DEALER COST
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
11.			\$	\$
12.			\$	\$
13.			\$	\$
14.			\$	\$
15.			\$	\$
16.			\$	\$
17.			\$	\$
18.			\$	\$
19.			\$	\$
20.			\$	\$

CANCELLATIONS – CUSTOMER NAME	ADMIN REFUND
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
<ul style="list-style-type: none"> • Attach Administrator copies of all new business • Attach signed cancellation forms and/or required backup for all cancels • Submit business weekly 	SUBTOTAL NEW ISSUES \$
	SUBTOTAL CANCELS \$
	NET DUE PDF/ARCH \$

MAKE ALL CHECKS PAYABLE TO PDS/ARCH

SUBMIT ALL BUSINESS TO:
ADM MARKETING GROUP, INC.
 3314 Market Street, Suite 201
 Camp Hill, PA 17011-4464

PHONE: **800-642-4ADM**
717-761-5100
 FAX: **717-761-5887**

YOUR DEALERSHIP MAY QUALIFY FOR ONLINE CANCEL QUOTES OR ELECTRONIC REMITTAL
 CONTACT ADM SALES SUPPORT FOR FURTHER INFORMATION