

## DEBT RELIEF ADDENDUM REPORTING FORM

DEALER \_\_\_\_\_ DEALER ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ REPORT DATE \_\_\_\_\_

**NOTE: ALL REPORTS ARE DUE ON THE 1ST AND 15TH OF THE MONTH**

1	WAIVER NUMBER	DATE	TERM MO'S.	APPLICANTS NAME	REMITTANCE DUE	OFFICE USE ONLY
2						
3						
4						
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20						

**IMPORTANT**

**MAKE CHECKS PAYABLE TO:**

**VSC GAP TRUST ACCOUNT**

12800 ANGEL SIDE DRIVE, LEANDER, TEXAS 78641

1-800-346-6469

TOTALS THIS PAGE		
CHECK AMOUNT		
CHECK NUMBER		
OFFICE USE ONLY		