

# Remittance Form

## Sterling Advantage VSC Buy Back/Refund Program

| Dealer/Vendor Name  |           |           |                  |                       | Acct #        |               | Agent #       |         |
|---|-----------|-----------|------------------|-----------------------|---------------|---------------|---------------|---------|
| Address   |           |           |                  |                       |               |               |               |         |
| City  |           |           |                  |                       | State         |               | ZIP           |         |
| Phone   |           |           |                  |                       | Fax           |               |               |         |
| Type: Auto <input type="checkbox"/> RV <input type="checkbox"/> |           |           | Prepared by:     |                       | Title         |               |               | Date    |
|   | Contract# | Date Sold | Purchaser's Name | Purchase Price of VSC |               |               |               | Amt Due |
|   |           |           |                  | 0-\$1500              | \$1501-\$2500 | \$2501-\$3000 | \$3001-\$4000 |         |
| 1   |           |           |                  |                       |               |               |               |         |
| 2   |           |           |                  |                       |               |               |               |         |
| 3   |           |           |                  |                       |               |               |               |         |
| 4   |           |           |                  |                       |               |               |               |         |
| 5   |           |           |                  |                       |               |               |               |         |
| 6   |           |           |                  |                       |               |               |               |         |
| 7   |           |           |                  |                       |               |               |               |         |
| 8   |           |           |                  |                       |               |               |               |         |
| 9   |           |           |                  |                       |               |               |               |         |
| 10  |           |           |                  |                       |               |               |               |         |
| 11  |           |           |                  |                       |               |               |               |         |
| 12  |           |           |                  |                       |               |               |               |         |
| 13  |           |           |                  |                       |               |               |               |         |
| 14  |           |           |                  |                       |               |               |               |         |
| 15  |           |           |                  |                       |               |               |               |         |

Please make all checks payable to: **Great American Insurance Company**  
 Remit to program administrator: **Sterling Financial Management P.O. Box 880 • Apalachicola, FL 32329**  
 Questions? Reach us toll-free at: **(877) 963-4321 or (850) 870-1132**

All business must be reported by the 15th of the month following the one in which it was written

White —Administrator Yellow — Vendor