

Credit Acceptance GAP Supply Order Form

| Dealer Lot # | Dealer #: | | | | |
|--------------------------------|---|---------------|-----|-------------------------|--|
| | Dealership Name: | | | | _ >ORDER IN ADVANCE< |
| Please select product: | Contact Person: | | | | _ Allow 7 to 10 days for delivery |
| GAP WAIVER | E-mail Address: | | | | Overnight and 2-day deliveries require |
| GAP INSURANCE | ۸ ما ماسم م. م | | | | Protective management approval |
| | Telephone Number: | | | | _ |
| | Ordered By: | | | | _ |
| | Date Ordered: | | | | _ |
| Form # (will vary per state) | GAP State Specific Materials GAP Waiver Contract | Unit 25 pk | QTY | | vailable for download* |
| (will vary per state) | GAP Insurance Contract | 25 pk | | Form # | Form Name |
| (will vary per state) | GAI Insurance Contract | 25 βκ | | CA-GAPSOF | CA GAP Supply Order Form |
| Form # | General Office Supplies | Unit | QTY | GAPCANCEL-10 | GAP Cancellation Form |
| GAP | GAP Customer Brochure | 25 pk | | Rate Request 2010 | Rate Chart Request Form |
| GAPHS | GAP Highlight Sheet | each | | Privacy | Privacy Letter and Notice |
| GAPDOC CA | GAP Waiver / Declination Form | Pad of 25 | | GAP Checklist | GAP Checklist |
| | | | | Claim Form | GAP Claim Form |
| | | | | *For an emailed form, o | call Customer Relations at 800-323-5771 x3000. |
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| For Producer Services use only | r: | | | | |
| Completed by: | Sent d | late: | | | |