



DEALER GAP & ANCILLARY RATE ADJUSTMENT WORKSHEET

DEFINITIONS:

Retail Markup: Dollar amount preset in system as F&I Markup. (Even if preset, Retail Markup can still be adjusted manually by Dealer).

Dealer Pack: Dollar amount added to Dealer Cost that will automatically be netted from the Process Register.

Dealer Over Remit: Dealer amount included in Dealer Remit and paid to Payee after Contract is funded (paid in full). W9 required.

Fully executed W9 required for each payee

IT IS THE RESPONSIBILITY OF THE DEALER TO VERIFY ALL COST ADJUSTMENTS

DEALERSHIP INFORMATION:

DEALERSHIP NAME:		DEALER NUMBER: <i>(Assigned by EDS)</i>		
ADDRESS:		CITY:	STATE:	ZIP:

GAP PRODUCTS - RATE ADJUSTMENT BREAKDOWN (ALL TYPES):

TYPE	Y/N	\$ AMOUNT
Retail Markup	<input type="radio"/> No <input type="radio"/> Yes	
Dealer Pack	<input type="radio"/> No <input type="radio"/> Yes	

***RETAIL MARKUP FOR GAP MAY BE STATE REGULATED.** It is the responsibility of the Dealer to follow in-State guidelines.

****ADDITIONAL DEALER OVER REMIT INFORMATION: W9(S) REQUIRED FOR ALL DEALER OVER REMITS.** Over Remit checks are sent monthly to Payee, based on previous months' fully funded contracts. All Over Remits are subject to Chargebacks.

Dealer Over Remit**		\$ AMOUNT	W9
<input type="radio"/> No <input type="radio"/> Yes - Payee(s):			
1 PAYEE NAME:			
2 PAYEE NAME:			

ANCILLARY PRODUCTS - RATE ADJUSTMENT BREAKDOWN:

PRODUCT	RETAIL MARKUP	\$ AMOUNT	DEALER PACK	\$ AMOUNT	DEALER OVER REMIT**	TOTAL \$ AMOUNT	OVER REMIT BREAKDOWN	
							PAYEE 1	PAYEE 2
Complete Auto Value	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Total Loss	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Lease Wear & Tear	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Theft Deterrent	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Paintless Dent Repair	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Tire & Wheel	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Windshield	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Key/Remote	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Appearance	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			

ANCILLARY PRODUCTS - OVER REMIT PAYEES

W9

1	PAYEE NAME:	
2	PAYEE NAME:	

DEALER SIGNATURE REQUIRED:

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____