

ADDRESS CORRECTION REQUESTED

**\*SEE REVERSE SIDE AND/OR ATTACHMENTS**

# \$AMCO AUTO

2201 W. Ave. N • San Angelo, TX 76904 • (325) 944-0522

***www.sanangelomc.com***

RE: Account Number:

Contract Date:

VIN#

Payments of \$

Date:

Dear

AS THE LIENHOLDER ON YOUR VEHICLE, WE;

- A. DO NOT HAVE THE REQUIRED INSURANCE INFORMATION ON FILE, OR
- B. HAVE RECIEVED A CANCELLATION OF YOUR CURRENT INSURANCE.

ALONG WITH THE REQUIRED FULL COVERAGE INSURANCE, WE REQUIRE THE LIENHOLDER ON THE INSURANCE TO BE AS FOLLOWS:

ACCORDING TO THE RETAIL INSTALLMENT CONTRACT, THE DEDUCTIBLE MAXIMUMS ARE NOT TO EXCEED \$500.00. YOU CAN EITHER HAVE YOUR INSURANCE AGENT CONTACT US DIRECTLY AT \_\_\_\_\_, OR YOU CAN FAX OVER THE INSURANCE TO \_\_\_\_\_. WE MUST PROTECT OUR INTERESTS. FAILURE TO DO SO CAN RESULT IN REPOSSESSION OF THE COLATERRAL. THANK YOU FOR BEING PROMPT ON THIS MATTER!

Office:

Fax:

**\$AMCO AUTO**



***Want to make payments online? Scan the code with your camera to access your account.***

**\$AMCO FINANCE**



***Need Cash? Apply online with our sister company SAMCO Finance. Scan the code to apply online.***