

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DELINQUENT ACCOUNT REPORT

DBPR Form ABT-6034
 Revised 12/2012

Distributor's Name:	Delinquent Report Date:
Distributor's License No.:	Telephone #:
	Fax #:

Vendor's License Number	Business Name	Owner's Name	Invoice Number	Gross Invoices Amount	Invoice Date
Pool Buying Group Number	Pool Buying Group Name		Invoice Number	Gross Invoices Amount	Invoice Date