



AGENCY, INC

Supply Order Form

Fax: 843.763.1602 * Phone: 800.357.2342

Please select all that apply and fax to **BMC** when completed. Complete the below information to ensure accurate delivery. If your contact information has changed, please give updated information. For bulk orders, please give your physical address. Please allow 1-3 days for delivery unless otherwise notified.

Bulk Normal Urgent

Name _____ Date ____ / ____ / ____

Agency Name _____

Mailing Address _____

Phone _____ Email _____

Fax _____ Send Me Confirmation Of This Request

Manager New Agent Existing Agent Need to Verify Appointment

I Spoke To _____

FOR ADMINISTRATIVE USE ONLY

Sender _____ Date Received ____ / ____ / ____

Service Used _____ Date Sent ____ / ____ / ____

COMPANY	APPLICATIONS	BROCHURES	CONTRACTS	KITS
Assurity - DefinedMED	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
Foresters	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
RBC Insurance	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
PIC - North Carolina	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
PIC - South Carolina	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
PIC - Florida	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
ANTEX	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
Conseco Hosp Sec.	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
<i>*CriticalSolutions</i>	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
<i>*Providence Life (FE)</i>	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
<i>*Other</i> _____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
TransAmerica	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
Mutual Trust Life	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
HPA	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
Medicare Advantage	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
Other _____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____

For Which States? _____

Other Supplies
 Needed _____

If you have any questions regarding supplies, please contact Hillary Hatcher or Renee Shelley at 800.357.2342 Ext 101 for Hillary or ext 102 for Renee.