



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
DefinedMED	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
American Community	<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	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
AIM	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
IAC	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
Assurity CI & DI	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____
Assurity HI+	<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"/> ____
PIC GI HI - FLORIDA	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____	<input type="checkbox"/> ____

For Which States? _____

Refer to BMCAgency.com for a supply order form for GTL.

Email This Form (Requires email address on page 1)

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.