



INSURANCE REFERRALS

6004 78th St. Ct. E. • Puyallup, WA 98371

1-888-698-8780

Fax: 253-445-5996

HOST _____

E-Mail: insreferrals@comcast.net

Web Site: insurancereferrals.net

COMPLETE COPY MUST BE SUBMITTED AT TIME OF SALE.
ALL COPY MUST BE WRITTEN LEGIBLY IN SPACE PROVIDED.

ALL LOGOS TO BE USED MUST BE PROVIDED BY CUSTOMER IN BLACK OR CLEAR DARK COLORS ON LIGHT BACKGROUND.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Estimate Folders | <input type="checkbox"/> Single |
| <input type="checkbox"/> Policy Folders | <input type="checkbox"/> Double |
| <input type="checkbox"/> Real Estate Folders | <input type="checkbox"/> Inside Cover |
| <input type="checkbox"/> Presentation Folders | <input type="checkbox"/> Back Cover |

NAME OF COMPANY _____

TERMS

CUSTOMERS AUTHORIZED APPROVAL: The customer will be provided a proof of their Ad prior to printing, and must return it with any and **all changes within 72 hours**. In the event the proof is not returned Insurance Referrals Will Run The Ad As Sent. The proof will be sent to the address or Fax # below. Customer acknowledges upon signing of this contract that he/she had not relied upon promises, statements, or representations other than as contained herein, and has the actual authority to enter into this contract. No exclusivity will be offered unless stated on contract. Customer hereby acknowledges receipt of a copy of this contract. The entire amount due is due upon signing of this contract. Advertisement shall be for a period of one year from the date of delivery of the folders. A \$25.00 service charge will be assessed for any check that is returned unpaid. **Insurance Referrals is an independent company contracted to provide Insurance Agencies with marketing and policy folders and is not affiliated with any Insurance agency.**

Authorized By _____ Date _____
 Your Position With Co. _____ Print Name _____
 Address to send proof _____
 City _____ State _____ Zip _____ Phone (_____) _____
 Referral Representative _____
 Fax # _____
 E-mail _____

Rate \$ _____
 Photo charge \$ **15.00**
 Sub Total \$ _____
 Back Cover \$ **75.00**
 Total \$ _____



MAKE CHECKS PAYABLE TO INSURANCE REFERRALS

INITIALS _____

VISA / MC # _____ EXP. _____

CHECK # _____