



### PAYMENT OPTIONS FORM

Please select only one payment option. Return form with completed application. Print legible.

**INSURANCE** *(select)*     **Professional/General Liability**     **Mortality**

**Applicant's Name\*** \_\_\_\_\_

**Address\*** \_\_\_\_\_ **City \*** \_\_\_\_\_ **State\*** \_\_\_\_\_ **Zip\*** \_\_\_\_\_

**Phone\*** (    ) \_\_\_\_\_ **Fax** (    ) \_\_\_\_\_

**Email\*** \_\_\_\_\_ *\* required*

**Select option and complete payment information below.**

- OPTION 1: Request Quote Only (No payment enclosed)**
- OPTION 2: Full Payment**
- OPTION 3: Premium Financing (Minimum 30 % Down Payment with Premium Balance Due Financed<sup>1</sup>)**

**Credit Card** *(check one):*     VISA or     MasterCard    **Amount Authorized \$** \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Credit Card Expiration date: \_\_ / \_\_    3 Digit CID Code \_\_\_\_\_



Signature as shown on Credit Card \_\_\_\_\_

**Please print the application & sign with blue or black ink**

*We do not accept American Express or Discover*

**Check or Money Order** (made payable to: *Equisure, Inc.*) - enclosed for financing down payment or full premium of: \$ \_\_\_\_\_

**Premium Financing** is provided through IPFS Corporation (IPFS)<sup>2</sup> and is *not* financed by Equisure, Inc. By signing this confirmation as the named insured you authorize a representative of Equisure, Inc. to prepare and sign the Premium Finance Agreement on your behalf and agree to all provisions of the Premium Finance Agreement. A copy of the Premium Finance Agreement will be provided to you. *(Please be advised that interest rates may vary and may exceed 20% APR).* **Minimum 30% down payment (credit card, check or money order) required for financing.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please print the application & sign with blue or black ink**

**Yes, I would like to receive my finance notices, finance invoices and finance statements via email from IPFS Corporation (IPFS). Please print the name and provide an email address to receive IPFS eForms.** [Note: IPFS will continue to utilize the US Postal Service (USPS) for the purpose of legal notifications required by premium financing statutes. These notices will be emailed and also mailed through the USPS].

\_\_\_\_\_  
**Name (please print first and last name)**

\_\_\_\_\_  
**Email address**

<sup>1</sup> Optional Endorsement and Mortality Major Medical premiums must be paid in full and cannot be financed.

<sup>2</sup> IPFS Corporation, IPFS Corporation of the South, IPFS Corporation of California (IPFS)

**Eq. Customer Code:** \_\_\_\_\_