

PAYMENT OPTIONS FORM*Please select only one payment option. Return form with completed application. Print legible.*

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, made payable to Equisure, Inc., then Premium Balance Due Financed¹)** **Credit Card (check one):** VISA or MasterCard **Amount Authorized \$** _____*We do not accept American Express or Discover*

Name on Credit Card _____

Credit Card # _____ - _____ - _____ - _____

Credit Card Expiration date: ____/ ____

Signature as shown on Credit Card _____

 Check or Money Order (made payable to: Equisure, Inc.) \$ _____ **Premium Financing - Minimum 30% down payment (credit card, check or money order made payable to Equisure, Inc.) required for financing.**

The remaining balance, after the 30% down payment to Equisure, Inc., will be billed and paid to IPFS Corporation (IPFS)² and is *not* financed by Equisure, Inc. **If financing a mortality policy, the minimum 30% down payment is required & Major Medical premiums must be paid in full and cannot be financed.**

Premium Down Payment: **Credit Card** **Check or Money Order (made payable to: Equisure, Inc.) \$** _____ VISA or MasterCard **Amount Authorized \$** _____*We do not accept American Express or Discover*

Name on Credit Card _____

Credit Card # _____ - _____ - _____ - _____

Credit Card Expiration date: ____/ ____

Signature as shown on Credit Card _____

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).*



Signature _____

Date _____

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 _____

¹ Optional Endorsement and Mortality Major Medical premiums must be paid in full and cannot be financed.² IPFS Corporation, IPFS Corporation of the South, IPFS Corporation of California (IPFS)