

# BUSINESS CARD ORDER FORM

Please submit your order with payment to:

**businesscards@srlife.net**

**500 business cards = \$32**

Payment method:

**Bill To My Account** ☐ **OR** **Pay By Credit Card\*** ☐

**Production Quota Fulfilled** ☐

\*If paying by credit card, please fill out the credit card authorization section at the bottom of this form.

**SENIOR LIFE**  
INSURANCE COMPANY

**JOHN DOE | GENERAL AGENT**

229.555.4444 | 229.444.5555 cell | jdoe@srlife.net

P.O. Box 2447 | THOMASVILLE, GA 31799

877.777.8808 | www.SeniorLifeInsuranceCompany.com

## BUSINESS CARD INFORMATION

Please print clearly. Please indicate information **EXACTLY** as you wish it to appear on your card.

**NAME:** \_\_\_\_\_

**TITLE:** ☐ Agent ☐ Associate General Agent ☐ General Agent  
☐ Associate Managing General Agent ☐ Managing General Agent  
☐ \*Regional Manager ☐ \*Regional Director (\*these titles must first be approved by your RVP)

*(CHECK ONE. Only company-approved titles are acceptable. Titles are based on commission level)*

**LICENSE NUMBER (CA & AR ONLY):** \_\_\_\_\_

**BUSINESS NUMBER:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

(Agents in the Home Office are **required** to have the Home Office address: 1 Senior Life Lane, Thomasville, GA 31792)

\*Please note that forms submitted without an address will have the Home Office address printed on card

**CITY, STATE, ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**SHIPPING ADDRESS** ☐ RESIDENTIAL ☐ BUSINESS

Please provide a street address for shipping purposes. UPS will **NOT** deliver to P.O. Boxes.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

I, \_\_\_\_\_ (cardholder only) hereby authorize Senior Life Insurance Company to charge my

☐ VISA or ☐ MC (choose one) as payment for the above fee(s), including the **3.5% convenience fee**.

**Total Charge: \$** \_\_\_\_\_ **Credit Card Account #:** \_\_\_\_\_

**Cardholder Name as it appears on Credit Card:** \_\_\_\_\_

**Security Code (three digits found on the back of your credit card):** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Electronic Signature:\* (to be typed by cardholder only)** \_\_\_\_\_

\*By inserting your typed signature on this document, you, the cardholder, agree that your electronic signature is the legally binding equivalent to your handwritten signature.

BCOF2019