



# Independent Agent Package

Make your selection from the options below:

- |                          |                              |           |
|--------------------------|------------------------------|-----------|
| <input type="checkbox"/> | Corporate Package            | \$1399.00 |
|                          | Individual Package           |           |
| <input type="checkbox"/> | Complete Package             | \$1699.00 |
| <input type="checkbox"/> | Six Month Payment Program    | \$500.00  |
| <input type="checkbox"/> | Eleven Month Payment Program | \$350.00  |

Name:

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Address:

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City:

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State/Province:

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Zip/Postal Code:

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Country:

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Daytime Phone:

(     )     -

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Evening Phone:

(     )     -

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Email Address:

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Form of Payment for deposit/purchase:

- Check      Money Order      Credit Card

Please note a valid credit card is required for payment plans, although payments do not have to be made by credit card.

MasterCard

Name on Card:

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Visa

Card Number:

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American Express

Expiration Date:

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Discover Card

Signature:

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