



FINANCE AGREEMENT REQUEST FOR THE FOLLOWING ADDITIONAL PREMIUM:

AGENCY: _____

AFS/IBEX ACCT #: _____

NAMED INSURED: _____

	POLICY 1	POLICY 2	POLICY 3
POLICY NUMBER			
EFFECTIVE DATE OF ENDORSEMENT			
INSURANCE COMPANY			
GENERAL AGENT			
COVERAGE TYPE			
ADDITIONAL PREMIUM			
DOWN PAYMENT* (see requirements below)			
AMOUNT FINANCED			

**** SIGNATURE:** _____

***DOWN PAYMENT REQUIREMENTS:**

0-30 DAYS: collect 30% 31-60 days: collect 40% over 60 days: collect 50%

NOTES TO AFS/IBEX: _____