



**AFS/IBEX ENDORSEMENT REQUEST FORM (TEXAS ONLY)**

**INSURED'S NAME:** \_\_\_\_\_

**AFS/IBEX ACCT. NUMBER:** \_\_\_\_\_

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

	(1)	(2)	(3)
<b>Insurance Company</b>			
<b>General Agent</b>			
<b>Policy Number</b>			
<b>Additional Premium</b>			
<b>Coverage Type</b>			
<b>Down Payment Amt</b>			
<b>Amount Financed</b>			

**EFFECTIVE DATE OF ENDORSEMENT:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**AGENT'S SIGNATURE:** \_\_\_\_\_

0-30 days = collect 30%	*Our schedule is as follows: 31-60 days = collect 40%	Over 60 days = collect 50%
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