

**PERMISSION TO BILL AND SEND NOTICES**

(**must** be retyped on insured's letterhead)

**To: AFS/IBEX FINANCIAL SERVICES INC**

750 N St Paul St, Ste 1500  
Dallas, TX 75201

4100 Newport Place Dr, Ste 670  
Newport Beach, CA 92660

**Re:** Premium Finance Agreement dated \_\_\_\_\_  
Total Premiums \$ \_\_\_\_\_

To Whom It May Concern:

The undersigned representative of \_\_\_\_\_  
(Named Insured)

authorizes \_\_\_\_\_ to receive on our behalf all bills for premium finance payments and to remit payment to (Legal name of premium finance company) for all premiums financed under the above referenced agreement.

Furthermore, \_\_\_\_\_ shall receive all notices, including but not limited to, intent to cancel and/or cancellation notices for the insurance policy(s) financed on this agreement.

In addition, I understand that this special billing/notification arrangement does not release \_\_\_\_\_ from any duties and/or obligations set forth under

\_\_\_\_\_ (Named Insured)  
this premium finance agreement.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature of authorized representative)

\_\_\_\_\_  
(Title)