



AFS/IBEX AGENCY PROFILE

AGENCY BACKGROUND

Agency Name: _____

Mailing Address: _____

City: _____ State & Zip Code: _____

Physical Address: _____

Telephone: _____ Fax: _____

Principal/Manager: _____ Key Contact: _____

Year Started Business: _____ # of Employees: _____

Agency Volume: _____ Financed Volume: _____

License Number: _____ Other Finance Co: _____

Company Appointments: _____

MGA's or Brokers used: _____

Specialty Programs: _____

INTERNET SECTION

Agency Website Address: _____

Email Address: _____

AFS/IBEX INTERNAL USE ONLY

Configuration: _____ PFLM Rate: _____ Fee: _____

Disbursement: _____ Email/Fax Notices: _____ Coupons/Invoices: _____

Solicit Renewal: Y N Instafax or Instafax Plus : _____

Special Programs: _____

Notes: _____

Marketing Manager: _____ Lead Source: _____

*****Copy of Agency License and Copy of E&O Dec Page must be attached*****

Approval: _____ Date: _____