

SPF New Agent/Broker

References & Authorized Signers

Insurance Company References (4 required)	Premium Finance Agreements Representations Section	Guarantee Letters & Non- Cancellation Requests
Name: _____	_____ Any Employee May Sign	_____ Any Employee May Sign
Address: _____	_____ Only Those Listed May Sign	_____ Only Those Listed May Sign
Telephone: _____	_____	_____
Contact: _____	_____	_____
Name: _____	_____	_____
Address: _____	_____	_____
Telephone: _____	Bank Reference (1 required)	Qwik-Fund Agreement
Contact: _____	Name: _____	_____ (Please initial) I have been given a copy of the Qwik-Fund procedures & agreement for FIRST Insurance Funding Corp. I have read them and understand them fully. I realize that by receiving and using the Qwik-Fund checks, my company has agreed to be bound by these procedures and agreements.
Name: _____	Address: _____	
Address: _____	Telephone: _____	
Telephone: _____	Contact: _____	
Contact: _____	Account #: _____	
Name: _____	The information on this form is correct. FIRST Insurance Funding Corp. is authorized to gain any necessary reference information about this firm from the references listed above. <i>Authorized by:</i>	
Address: _____	Name: _____	
Telephone: _____	Title: _____	
Contact: _____	Signature: _____	
Name: _____	Date: _____	

-----FOR FIRST USE ONLY-----

QUOTING & FUNDING APPROVAL		
Approved by: _____	Title: _____	
Approval Date: _____	Next File Review Date: _____	Approval Expiration Date: _____
Initial Credit Limits: _____		
Approved Funding Method: _____		

Comments: