

REGISTRATION FORM

Company Name _____

Mailing Address _____

Street

P.O. Box

City

State

Zip

Telephone Number (_____) _____ Fax (_____) _____

Area Code

Area Code

Primary Contact Name _____

Primary Contact Telephone Number _____ Ext. _____

Primary Contact e-mail Address _____

Automation Contact Name _____

Automation Contact Telephone Number _____ Ext. _____

Automation Contact e-mail Address _____

The standard configuration of the Internet Certificate program allows certificates to be either mailed or sent by fax if the user does not desire to print the certificate locally. When the mail or fax options are chosen an e-mail will be sent to your office. Please enter the e-mail address that you want this e-mail sent. _____

Web (URL) Address _____

Do you want an invoice to automatically print at the time a Certificate of Insurance is printed?

(Please circle) Yes No If Yes, what is the invoice amount? _____

If Yes, do you want the invoice to be the first page? (Please circle) Yes No

The signature appearing below is the signature that will appear on the certificate, so please have this form signed by the individual who has that authority.

Signature _____ Title _____ Date _____

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