

CHECK BY FAX

PLACE/TAPE YOUR CHECK HERE

MAKE CHECK PAYABLE TO iPRO-WEST

DO NOT MAIL ORIGINAL CHECK

The signator of the check completes the basic information below and signs to authorize iPRO-West to duplicate your check. Tape your completed check, payable to **iPRO-West**, in the space provided above and fax to us at **760 235-4901**.

All Returned Checks are Subject to \$100.00 Service Charge.

I authorize iPRO-West to accept the check above and careate a bank draft (check) with this information. The faxing of this form constitutes my authorization to negotiate the facsimile check.

Checking Account Number	
Your Company Name	
Your Phone Number	
Your Email Address	
Check Number	
Signators Signature	

I have read the quote provided and understand the coverage offered. I understand that the coverage offered may be subject to the receipt of additional information or documents which I agree to provide. Please bind coverage for:

COMPANY NAME:

Limit:

Deductable:

Annual Premium including taxes and fees: \$

NOTE: *Submission of this check does not constitute binding of your coverage. You will receive notification of binding or whether additional information is required.*