

# BUSINESS CARD ORDER FORM

Please submit your order to:

Senior Life Insurance Company  
Licensing Department  
P.O. Box 2447  
Thomasville, GA 31799

**SENIOR LIFE**  
—INSURANCE COMPANY—

JOHN DOE | GENERAL AGENT

877.777.8808 | 229.444.5555 cell | jdoe@srlife.net

P.O. Box 2447 | THOMASVILLE, GA 31799

[www.SeniorLifeInsuranceCompany.com](http://www.SeniorLifeInsuranceCompany.com)

## BUSINESS CARD INFORMATION

Please print clearly. Please indicate information **EXACTLY** as you wish it to appear on your card.

NAME: \_\_\_\_\_

TITLE: ☐ Agent      ☐ Associate General Agent      ☐ General Agent  
☐ Associate Managing General Agent      ☐ Managing General Agent  
☐ \*Regional Manager      ☐ \*Regional Director (\*these titles must first be approved by your RVP)

(CHECK ONE. Only company-approved titles are acceptable. Titles are based on commission level)

LICENSE NUMBER (CA & AR ONLY): \_\_\_\_\_

BUSINESS NUMBER: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Agents in the Home Office are **required** to have the Home Office address: P.O. Box 2447, Thomasville, GA 31799)

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## SHIPPING ADDRESS

Please provide a street address for shipping purposes. UPS will **NOT** deliver to P.O. Boxes.

☐ RESIDENTIAL      ☐ BUSINESS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

## FOR HOME OFFICE USE ONLY

Date Received: \_\_\_\_\_

Date Ordered: \_\_\_\_\_

Payment Received: ☐ YES      ☐ NO