

My ID Fix, Inc. Group Reporting form

Today's date: _____ For the month of: _____
 Client Name: _____
 Client Address: _____
 City, State, Zip _____
 Attention: _____

page ____ of ____ Sales Rep: _____
 Client Administrator: _____
 Client Phone number () _____ ext: _____
 Contact hours: _____
 Policy No. _____

Names of new enrollee* Employees or clients being added		Names of new enrollee* Employees or clients being added		Names of new enrollee* Employees or clients being added		Names of new enrollee* Employees or clients being removed :	
1		1		1		1	
2		2		2		2	
3		3		3		3	
4		4		4		4	
5		5		5		5	
6		6		6		6	
7		7		7		7	
8		8		8		8	
9		9		9		9	
10		10		10		10	
11		11		11		11	
12		12		12		12	
13		13		13		13	
14		14		14		14	
15		15		15		15	
16		16		16		16	
17		17		17		17	
18		18		18		18	
19		19		19		19	
20		20		20		20	

Cost per: \$. per month

Total debit this column \$.

Grand Total

Cost per: \$. per month

Total credit this column \$.

We are sending check #

Cost per: \$. per month

Total debit this column \$.

today to MY ID Fix, 1645 Via Brisa Del Lago, San Marcos, CA 92078

Cost per: \$. per month

Total credit this column \$.

_____ Please charge to our business credit card as before.

_____ Please do an electronic check as before.

* employee's or client's name must be listed on page one either this month or in a previous month and must not have been removed.