



TO PRINT THIS PAGE USE THE CONTROL - ALT - PRINT SCREEN KEYS. AFTER FILLING IN THE BLANKS AND SIGNING PLEASE FAX TO 1-760-744-9454 (call first).

By using this Site, and any documents found herein, you agree to be bound by these Terms & Conditions.

- You acknowledge that nothing in this site is intended to, or constitutes the practice of law or the giving of legal advice.

- The use of any document prepared through this Site is for the use of one company and its employees or clients only. You may not sell, give away, rebroadcast, publish, republish or lend any of the documents or other information contained in this site, whether for free or for a fee, UNLESS you or the person on whose behalf you are acting pay for each document or package for each separate user of such document.

- Your use of any document produced through this Site is authorized solely for one specific project or one specific transaction. You may not re-use any document you obtained through this Site for any additional matters or transactions not the subject matter of the original use of the document.

- DIGITAL SIGNATURE – If you prefer to sign this form electronically rather than print and fax it you may type your name on this form in the authorized representative area

- By using this Site and any documents found herein, you agree to be bound by these Terms and Conditions.

Date

Authorized Representative of Purchasing Company

Legal Name of Purchasing Company

Date

Authorized Representative of MY ID FIX™, Identity Insurance Inc.

ORDER FORM

We, the undersigned company are hereby purchasing the MY ID FIX™ At Risk Company Identity Theft Prevention with free Identity Theft Insurance.

for _____ employees and/or clients at a price of _____ per employee and/or client per month for one year. The total annual premium is _____. We are hereby authorizing you to charge on corporate credit card for one month. The corporate credit card is (Mastercard, Visa, American Express, Discover, circle one) and the account number is: _____ and the expiration date is _____ of _____.

We understand that we will receive a MY ID FIX™ Identity Theft Insurance policy with Aggregate Limit of Insurance: \$ _____ per policy period, and with Lost Wages: \$ _____ per week, for 4 weeks maximum, and with a Deductible \$ _____ per policy period underwritten by _____ and will receive the certificate in the mail within 30 days.

Date

Authorized Representative of Purchasing Company

Legal Name of Purchasing Company

Date

Authorized Representative of MY ID FIX™, Identity Insurance Inc.
TO PRINT THIS PAGE USE THE CONTROL - ALT - PRINT SCREEN KEYS. AFTER FILLING IN THE BLANKS
AND SIGNING PLEASE FAX TO 1-760-744-9454.