

Group License and Order Form

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Date

Authorized Representative of Purchasing Company

Legal Name of Purchasing Company

Date

Authorized Representative of MY ID FIX™, Inc.

My ID Fix

Order form:

We, the undersigned company are hereby purchasing the MY ID FIX™ Premier Package for our employees and/or clients at a price of

_____ for singles, _____ for couples, and _____ for families.

We will be completing the “Report Form”, shown on the website, and forwarding it to you within 15 days identifying those to be covered as of the 1st of the following month.

We understand that our clients will normally be sent, within 24 hours - Monday through Friday, the MY ID FIX™ fulfillment package including the free Identity Theft Guarantee certificate policy for the following amounts:

A \$Zero Deductible \$ 25,000.00 identity theft expense policy with lost wages covered at \$500.00 per week for a maximum of 4 weeks and that this guarantee is underwritten by Identity Insurance, Inc.

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