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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™ Prudent 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.
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