



Mail Drop 91-F  
 P. O. Box 105179  
 Atlanta, GA 30348-5179  
 1.800.456.6432  
 678.694.3601 FAX

**EXHIBIT C**

The following gives the name and full business address for agents or agencies to whom we, the sponsoring company, desire to have the ability to order and receive certain insurance reports as authorized by the sponsoring company and pursuant to the terms and conditions of our previously executed Customer Sponsor Agreement. Where indicated, the company will be billed for any products purchased by this agency.

Agency Contact Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Principal/Agent Name: \_\_\_\_\_

Agency/Producer Code: \_\_\_\_\_ Region/Branch Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suite Number: \_\_\_\_\_ P.O. Box Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*\*EMAIL ADDRESS: \_\_\_\_\_ (To help us provide better customer service)**

**Current Node ID: \_\_\_\_\_ Account Number: \_\_\_\_\_**

Delivery System:  ChoicePointLink®  3<sup>rd</sup> Party Vendor  Carrier  
 Vendor name \_\_\_\_\_

Billing:  Sponsor  Agency

Sponsoring Company: \_\_\_\_\_

Authorizing Sponsoring Company Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**NOTE - Delivery of Implementation Package can be expedited by faxing this EXHIBIT C to 678.694.3601.**