

Fax both pages to 1-888-292-9951

InsuranceSplash Membership Information Form

Page 1 of 2

Agency Name: _____

Contact Name: _____

Contact Email: _____

Website URL: http://_____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Agency Description (Under 75 words):

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InsuranceSplash Membership Payment Form

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Check One: Visa MasterCard AmEx Discover

Credit Card: ---

Expires: / CSC: may be 3 digits

Cardholder Name: _____

Check Here if the cardholder address is the same as the agency address.

Street Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

I would like to join the InsuranceSplash Network and have my company listed on all ten InsuranceSplash websites. I authorize InsuranceSplash to charge my credit card **\$39.99 for one membership year.**

Coupon Code: _____

Signature: _____

cardholder