



Please provide all information that applies.

Mail, email or fax this form, ACH Authorization, Schedule A and the W-9 form to:

ATTN: Sure Card Benefits Representative Services, 1754 Woodruff Road, #226, Greenville, SC 29607
info@surecardbenefits.com / Fax: 888-237-9245

Rep First Name _____ Middle Initial _____ Rep Last Name _____

Office Phone _____ Fax Number _____

Mobile Phone _____ Home Phone _____

Commission Checks Payable to: _____

Address _____

City _____ State _____ Zip Code _____

Rep Email _____

Business Name _____

Business Web Site _____

Phone Number _____ Email Address _____

Business Focus _____

FIN/SSN# _____

How you found Sure Card Benefits Plan: Magazine Agent Internet Other

Special Overrides / Instructions _____

For Sure Card Use Only

Attachments: Page 5 Contracting W-9 Exhibit A Bank Authorization

Comments: _____
