

IMS

FAX ORDER FORM

FAX: 510-790- 6213

PHONE : 510-790- 6211

WEB: www.imsparmed.com

AGENT NAME _____	PHONE _____	DATE _____
AGENCY NAME _____	AGENT CODE _____	
EMAIL ADDRESS _____		

INSURANCE COMPANY NAME _____

APPLICANT'S NAME _____	MI _____	LAST _____
ADDRESS _____		
MALE _____	FEMALE _____	DOB _____
		S.S.# _____
HOME PHONE () _____	WORK PHONE () _____	CELL PH () _____
AMT OF INS _____	PRODUCT _____	
SPECIAL NOTES / EMAIL ADDRESS _____		

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APPLICANT'S NAME _____	MI _____	LAST _____
ADDRESS _____		
MALE _____	FEMALE _____	DOB _____
		S.S.# _____
HOME PHONE () _____	WORK PHONE () _____	CELL PH () _____
AMT OF INS _____	PRODUCT _____	
SPECIAL NOTES / EMAIL ADDRESS _____		

A MEDICAL AND PARAMEDICAL SERVICES COMPANY
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