



American Resources Insurance Company, Inc.
 1111 Hillcrest Road, Suite 100
 Mobile, AL 36695-3952

Direct Billing Request Transmittal
***Complete and attach down payment check
 or completed ACH direct debit form***

Agency: _____

<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal
List policy numbers, if known (for new business, list lines of business)	
_____	_____

Insured:

Name:	_____
Address:	_____
City:	_____ State: _____ ZIP: _____
Phone:	_____ E-Mail: _____

Please check pay plan for this account:

<input type="checkbox"/> 1 Pay	100% Down
<input type="checkbox"/> 2 Pay	50% Down; 50% at 120 days
<input type="checkbox"/> 3 Pay	40% Down; 30% at 90days and 180 days
<input type="checkbox"/> 4 Pay	25% Down; 25% at 50 days, 140 days and 230 days
<input type="checkbox"/> 9 Pay	20% Down; 10% every 30 days

Minimum premium requirements:

3 and 4 Pay - \$1,000 9 Pay - \$2,000

Service Charge - \$10 per payment (except 1 Pay)

Total Account Premium: _____

Down Payment: _____% = _____

Plus Service Charge _____

Check Enclosed: _____