



ELECTRONIC INVOICE DELIVERY CONSENT AGREEMENT

In the event that AFCO Credit Corporation or AFCO Acceptance Corporation (collectively "AFCO") enter into or acquire the undersigned's premium finance agreement and any supplementary agreement(s) to which AFCO assigns the same account number, the undersigned (the "Insured") authorizes AFCO or its assignees and designated agents to deliver invoices electronically by email notifications containing links to the Insured's electronic invoices.

The Insured acknowledges full responsibility for the validity and accuracy of the email address set forth below and for notification to AFCO of any changes thereto. Any email transmitted by AFCO or its assignees and designated agents to the insured shall be deemed to have been received by its intended recipient.

The Insured acknowledges that its responsibilities, as set forth in the premium finance agreement, are not contingent upon its receipt of any invoice, regardless of delivery method.

This authorization supersedes and amends any reference to billing or payment-due notifications set forth on any Notice of Acceptance that the Insured may receive.

PLEASE FILL IN ALL BLANK SPACES OR FIELDS SHOWN BELOW AND RETURN BY EMAIL TO:

promptservice@afco.com

Insured Information:

AFCO Account Number: _____

Insured's Complete Name: _____

Physical Address: _____

City/State/Zip Code: _____

▪ Taxpayer Identification Number (TIN) / Employer Identification Number (EIN): _____
(xx-xxxxxxx)

▪ Or, for Individual Consumers and Sole Proprietors *only*, the following information is required:

SSN: _____ D.O.B.: ____/____/____
(xxx-xx-xxxx) (mm / dd / yyyy)

Email Notification:

Designated Email Address: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____

AFCO Credit Corporation | 4501 College Boulevard, Suite 320 | Leawood, Kansas 66211

Telephone: 913-491-6700 | Toll-Free: 800-288-6901 (option 1)

Email: promptservice@afco.com | afco.com