
GREENHAVEN MARKETING COMMISSION CHECKS PAYABLE

AGENCY NAME: _____

FEDERAL TAX ID # OR SOCIAL SECURITY # _____

COMMISSION CHECKS PAYABLE
TO: _____

*STREET ADDRESS: _____ PO BOX: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ FAX: () _____

Email Address: _____

* A street address is required for the purpose of shipping supplies.

PLEASE RETURN THIS FORM, ANY ATTACHED CONTRACTS,
AGENT INFORMATION QUESTIONNAIRES, AND A COPY OF YOUR
CURRENT STATE INSURANCE LICENSE TO THE ADDRESS LISTED
BELOW. THANK YOU.

GREENHAVEN MARKETING
ATTN: LICENSING DEPT.
P.O. BOX 98
2621 FAIROAK AVE.
ANOKA, MN 55303

IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT (763) 421-1193.