

# AGENT SUPPLY REQUISITION

Americo Financial Life and Annuity Insurance Company



<p><b>1. Find Your Forms</b> There are several convenient ways to find the forms and materials you need:</p> <ul style="list-style-type: none"> <li>• <b>Agent Café:</b> <i>The fastest and easiest way to find forms is at <a href="http://www.americo.com">www.americo.com</a>!</i> Use the Product Library within Agent Café to browse products and identify necessary forms, then download them to your printer or order them from the warehouse. Available 24 hours a day, 7 days a week!</li> <li>• <b>Sales Support:</b> 800-231-0801 ext. 8410</li> <li>• <b>Product Agent Guides</b></li> </ul>	<p><b>2. Complete Your Order</b> To receive the best service, be sure to include:</p> <ul style="list-style-type: none"> <li>• <b>Street Delivery Address, not a Post Office Box.</b></li> <li>• <b>Agent Code.</b></li> <li>• <b>Telephone Number.</b></li> <li>• <b>Form Number.</b> The warehouse does not use names, only form numbers.</li> </ul>	<p><b>3. Submit Your Order</b> Our warehouse vendor, Data-Source, Inc., processes all supply orders for Americo. Send your orders to:</p> <p><b>Mail:</b> Data-Source, Inc. 1400 Universal Ave. Kansas City, MO 64120</p> <p><b>FAX:</b> 877-281-7950</p> <p><b>E-mail:</b> <a href="mailto:supplies@americo.com">supplies@americo.com</a></p>
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**Questions? Call Us!      Sales Support: 800-231-0801 ext. 8410**

CLIENT NAME <b>AMERICO LIFE COMPANIES</b>		REQUISITION NO. (WHSE USE ONLY)
AGENCY NAME OR DEPARTMENT NAME		DEPARTMENT CODE <b>51300</b>
ATTENTION		AGENT CODE
STREET ADDRESS - SUPPLIES CANNOT BE DELIVERED TO PO BOXES		AREA CODE & PHONE NUMBER
ADDRESS 2		FAX NUMBER
CITY, STATE, ZIP	<input type="checkbox"/> Residence <input type="checkbox"/> Business/Commercial	E-MAIL ADDRESS
DELIVERY REQUIREMENTS:	DATE REQUIRED	METHOD OF SHIPPING: <input type="checkbox"/> UPS Ground <input type="checkbox"/> 2nd Day Air* <input type="checkbox"/> Next Day Air* <input type="checkbox"/> Overnight/Saturday*
* <input type="checkbox"/> I WISH TO PAY FOR OVERNIGHT SERVICE	MY OVERNIGHT ACCOUNT NO:	FOR WHICH SHIPPING COMPANY?:
REQUESTED BY		HOME OFFICE APPROVAL, IF NECESSARY
SPECIAL INSTRUCTIONS:		

ITEM	FORM/SUPPLY NUMBER	TITLE/DESCRIPTION Include beginning/ending serial nos. if required	QTY. ORDERED
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			