## Reed Insurance Agency Bill Invoice Form

Client Name:

Producer:	Brian Chandler Pattie Jones Madi Skipper Melissa Calhoun		House Com	House Commercial		Reed Insurance Southern Risk Partners
Policy Term is	5:	New	Renew	al		
Transaction type: ( only select if one applies)						
Endorsement		Audit	Cancellation	Reinstat	ement	
Amount Collected						
Check #						
Epay Policy:						
If Financed who with: Southern National Stetson (RT Specialty): If other, then name:						
Broker Fee Amount:						
Amount financed and company name 1:						
Amount financed and company name 2:						
Amount financed and company name 3:						
<ul> <li>****NOTICE****</li> <li>Before you send this to be invoiced verify the following: <ol> <li>Policy number on company invoice and in Ezlynx matches</li> <li>Client name on company invoice and Ezlynx matches</li> <li>The company invoice sub totals (taxes, premium, fees, ect) match those on finance agreement and amount of down payment or total payment.</li> </ol> </li> </ul>						