

AgentDirectExpress Signup

For fast setup fax to 214-295-1728 or email mvanhorn@quantumsys.net

Account Information	Payment Information (Credit Card or Check Draft)															
Agency	Option 1: Credit Card (check one) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Credit Card Number															
Account Owner	Expiration Date CVV (on back of Card)															
Title	Option 2: Check Draft															
Phone Number	Routing Number															
Email	Account Number															
Additional Users <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">First Name</th> <th style="width: 33%;">Last Name</th> <th style="width: 33%;">Email Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	First Name	Last Name	Email Address													Name (on account)
	First Name	Last Name	Email Address													
	Address															
	Sign me up for ConsumerPortalExpress <input type="checkbox"/>															
	Phone															
Sales Representative: Mark Van Horn	Email															

Carrier Setup

Important: User name & passwords are case sensitive. **Please print clearly.**

User # First & Last Name	Carrier	User Name (case sensitive)	Password (case sensitive)	Producer Code
#1	Allied			
#1	CNA			
#1	Hartford			
#1	StarrBOP			
#1	Foremost			
#1	Liberty Mutual			
#1	MetLife			
#2	Allied			
#2	CNA			
#2	Hartford			
#2	StarrBOP			
#2	Foremost			
#2	Liberty Mutual			
#2	MetLife			

Print additional pages for additional users.