



# Surplus Lines Associates, LLC

## Florida Easy Filer Agent Order Form

Questions? Call 1-888-411-2682

### Software Configuration Requirements and Payment Form

1. Fill in the Contact / Licensee Information Section		
2. Fill in the Billing or Credit Card information. If Invoice, please consider this your invoice. Payment is due before the software key will be issued.		
3. Fill in the software configuration section. This is "default" information for your Agent/Broker. Only one Agent (unique license number) can be created and filed with the Florida Easy Filer software. This is a FLSO rule. <b>Fill out a separate Software Configuration form for each Agent License</b>		
4. Sign and date the Software Configuration Requirements and License Agreement		
5. Email the form to <a href="mailto:Orders@SurplusLinesAssociates.com">Orders@SurplusLinesAssociates.com</a> or fax to 888-411-2682		
6. We will configure the software and email it to you (.zip file) within 3 business days (Mon-Fri) We can create and mail a CD for an additional charge of \$25. check here if CD delivery is requested		
7. Unzip the file at the root of your c: drive. Follow the software registration instructions.		
<b>Contact / Licensee Information</b>		
Licensee Name:	Email:	
Company / Organization Name:		
City:	State:	Phone:
<b>Billing Information</b>		
Payment Type (select one)	Credit Card:	Invoice:
Billing Name:	Billing Company:	
Billing Address:		
Billing City:	State:	Zip Code:
Phone:	Email (if different from user):	
<b>Credit Card Information</b> (if payment is by credit card)		
Card Type:	Credit Card Number:	
Expiration Date: MM:	YYYY:	* Credit Card Code:
* 3 or 4 digit number usually found on the back of the card. For American Express the number is on the front.		

**Software Configuration Information** (to be used to build the output slx file)

**Agency Section (FSLSO Version 5.05)**

The agency's FEIN (Federal Tax ID)

The agency's license number

The name of the agency

The Agency's mailing address1

The Agency's mailing address2

The Agency's city **and State**

The Agency's ZIP or Postal Code

**Contact Section**

The contact's first name

The contact's last name

The contact's mailing address1

The contact's mailing address2

The contact's City

The contact's State

The contact's Zip Code

The contact's Phone Number

The contact's Fax Number

The contact's Email Address

**Billing Contact Section**

The billing contact's first name

The billing contact's last name

The billing contact's mailing address1

The billing contact's mailing address2

The billing contact's City

The billing contact's State

The contact's Zip Code

The billing contact's Phone Number		
The billing contact's Fax Number		
The billing contact's Email Address		
<b>Surplus Lines Agent Section</b>		
The agent's license number		
The agent's first name		
The agent's last name		
The agent's physical address1		
The agent's physical address2		
The agent's city	State	Zip Code
The agent's mailing address1		
The agent's mailing address2		
Mailing City	Mailing State	Mailing Zip Code
The agent's phone number		
The agent's fax number		
The agent's email address		
<b>Total Due:            First Agent: \$595.00    or            Subsequent Agent: \$475.00</b>		
<b>When using the software you agree to the Product License Agreement</b>		
<p><b>Our software comes with a 30 day money back guarantee.</b> If any defects are found in our products or they do not perform as we demonstrate, describe or feature we will return your purchase. <b>90 days</b> of technical support is included with your purchase. Additional support packages can be purchased separately or pay as needed. See warranty details in the Surplus Lines Associates, LLC. <a href="#">Product License Agreement</a> online or as follows.</p>		
Licensee Signature		Date

**For Support please email [TechSupport@SurplusLinesAssociates.com](mailto:TechSupport@SurplusLinesAssociates.com)**

## Surplus Lines Associates, LLC "Product" License Agreement

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