

VBA List Bill Submission Form

(Complete in Full)

GENERAL INFORMATION

Name of Business/Organization _____

Address _____ City _____ State _____ ZIP _____

Phone: _____ Nature of Business _____

BILLING INSTRUCTIONS

Contact Person _____ Phone: _____

Send Billings To: *(If different than above)* _____

REPRESENTATIVE INFORMATION

Rep Name: _____ Rep Number: _____

Agency Name: _____ Phone: _____

Address: _____ City _____ State _____ ZIP _____

AUTHORIZATION

This Agreement authorizes the contact of employees/members of this business/organization concerning insurance billed by VBA. Authorization is given to send billings to the location named above. The responsibility of assuring that dues have been remitted to VBA on behalf of their employee/member is that of the business/organization named above. *(See list on back)*

List bills for membership dues and fees will be due on the 15th of each month before the next due date. There is no grace period for membership dues. If dues are not received by the due date, all membership benefits will be cancelled. There will not be any reinstatements. It is the final responsibility of the business/organization to submit list bill dues and fees by the due date even if list bill information has not been received.

Either the business/organization or VBA may, upon reasonable notice to the other, terminate this Agreement, in which event the payment of dues will be a matter of accounting directly between each employee/member and VBA.

Signature *(Authorized Officer)* _____

Print Name _____ Date _____

(List Employees/Members on Reverse Side)

