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E-CONTRACTING SIGN-UP FORM

Safe-Guard Representative _____

Representative # _____

Contact Name _____

Phone _____

DEALER INFORMATION

For new dealers, please attach the Dealer Information Form and Dealer Agreement.

Dealer Name _____

Dealer # _____

Dealer Contact _____

Phone _____ Email _____

Dealer Controller _____

Phone _____ Email _____

USER INFORMATION

First and Last Name

Email

PRODUCT INFORMATION

Product Name/Coverage

Form #

PRICING INFORMATION

Please include with this application a dealer rate sheet for each product.

OVERRIDE INFORMATION (If Any)

Please attach the Override Agreement and a W-9 for each override.

Name

Override Amount

If you have any questions or need assistance please contact the Safe-Guard Client Relations Team at 866-541-0088.