



## Apex Contracting Request Form

Please fill out your information below and we will assist you in completing your contract for you/your agency.

Agent Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Agent Email: \_\_\_\_\_ Agency Email: \_\_\_\_\_

Agent Phone: \_\_\_\_\_ **\*\*\*Agency email must be different from agent email.**

Agent DOB: \_\_\_\_\_ Agent SSN: \_\_\_\_\_ Agency EIN: \_\_\_\_\_

Agent Address:

\_\_\_\_\_

Agency Address:

\_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Agent NPN: \_\_\_\_\_ Agency NPN: \_\_\_\_\_

Agent Banking Information

Name of Bank: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Type of Account:           Checking   Savings

Agent Upline: \_\_\_\_\_

Agent Level: \_\_\_\_\_

Your signature below authorizes Apex to complete contracting on your behalf.

**IMPORTANT:**

Please send this form along with a copy of the Agent & Agency's E&O to [kristen@simkt.com](mailto:kristen@simkt.com)  
Kristen is the Director of Agent Support for Apex Dental.

