

# 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)**

