



Brokerage Bucks Request Form

Effective Date February-December

Agent Name: _____ Email: _____

Phone: _____ License Number: _____

Usage of Brokerage Bucks

ARM Direct Mail Piece

Catalog # _____

*Enter Zips or Counties Below

Branded Piece

Carrier Selected _____

*Please Attach Piece to Email

*Enter Zips or Counties Below

Marketing Materials

Give-a-Way / Promo Items

Signage for Retail or Events

Business Cards

Other _____

Marketing Events

Kiosk Rental

Community Event

Retail Site

*Please Provide Invoice

*Check Must Be Paid to Vendor

Counties/Zip codes - Please List in Preferred Order by Column

County (preferred):

	Carrier	Effective Date	Client Name
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

****If using Bucks for anything other than direct mail, please include vendor's invoice.
Approval on case by case basis.****

All Brokerage Bucks must be claimed in the year they are earned.

Submit Documentation to: Lindsey@thebrokerageinc.com