

Date of Request: \_\_\_\_\_

Date needed by: \_\_\_\_\_

Please complete form in its entirety. Please allow up to two weeks for processing.

Item Name	Quantity Requested
2021 Enrollment Guide	
2021 Enrollment Application	
2021 Scope of Appointment	
Marketing Plan Information Brochure	
Medicare Ask Me Flyer (PDF)	
Agent Jumbo Business Card (PDF)	
2021 Zing Health Medicare Sales Presentation (PDF)	

Select the best delivery method:  Pick Up  Delivery (If applicable)  Postal Shipping**\*\*A tracking number will be sent to you when items are shipped\*\***

Requestor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Requestor Phone Number: \_\_\_\_\_ Requestor Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Shipping Information:**

Company: \_\_\_\_\_ ATTN: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**For Office Use Only:**

Order Packed By: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internal Order #: \_\_\_\_\_ Order Tracking #: \_\_\_\_\_