



# Schaefer Enterprises, Inc.

*Insurance Agency est. 1999*

Date:

RE: Email Consent Form

Company Name

Individual Name

Address 1

Address 2

Address 3

City, State Zip

I hereby authorize Schaefer Enterprises, Inc. to use email delivery for all correspondence, billing, delivery of policies, endorsements and any other transactions for my account. I understand that all originals will be scanned and emailed via email and a permanent record will be saved by my Agent and no hard copies will be sent via United States Post Office via mail.

Regards,

Email Address\_\_\_\_\_

\_\_\_\_\_

(Client Signature)

**Please email, fax, or mail this consent form to our office. Our contact information is listed below. Thank you.**