



## Vector One – Agent/Agency Information Request Form

This form is for Agents (or Agencies) wishing to be provided with the name of the company(s) posting the alleged debit balance, including the specific contact person at the posting company(s). The information can only be provided after Vector One has received this form, completed in its entirety, (or a written request containing the information detailed in this form) via mail or fax. All communications from Vector One will be in writing. If you provide complete information, Vector One will respond to your request within five business days or less.

| Agent / Agency Information                         |                                 |
|--|---------------------------------|
| Name   | _____                           |
| Social Security Number or<br>Federal Tax ID Number | _____                           |
| Address  | _____                           |
| City, State ZIP                                    | _____                           |
| FAX Number (if available)                          | ( _____ )                       |
| Agent Type (circle one)                            | Independent      or      Career |
| Signature  | _____                           |
| Date   | _____                           |

**Send to Vector One (via Mail or Fax)**  
Vector One  
PO Box 12368  
Scottsdale, AZ 85267-2368  
Fax: (480) 922-7720

**NOTE:** If you are already aware of the company(s) posting the alleged debit balance, and wish to dispute, please send Vector One a letter, via mail or fax, outlining the facts that detail and explain your dispute. Your letter must include your full name, your SSN, your address and/or fax number, your signature and the date. If you have other questions, please address them to Vector One in writing. Due to privacy concerns, Vector One cannot return agent calls.