



**THUM
INSURANCE**

Information Sheet

Manufacturer Information:

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Location of Consignment Lot: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Website: _____

Contact Person: _____ Contact Phone: _____ Ext: _____

E-mail: _____ Best Time To Call: _____ am pm

Additional Comments (Additional Locations):

Describe Security Provisions for Consignment Lot:

Do you currently have a standard Consignment Agreement you use with your customers? Yes No

If yes, please include a copy with this information form. If no, we can provide you with a template that you can use free of charge.

Would you like us to provide you with a template? Yes No

Please complete and return this form with a copy of your Consignment Agreement. We will contact you with complete program details.

Complete and return this form via email, fax or mail.

- Email: sales@thuminsurance.com
- Fax: 616.957.1204
- Mail: Thum Insurance Agency, LLC
3140 3 Mile Rd NE
Grand Rapids, MI 49525-3165

