

AFG/CareGARD Agent Representative Interest Form

Agency Name _____

Agency Address _____

Contact Phone Number _____

Email Address _____

Current number of VSC's sold per month _____

Current number of GAP sold per month _____

Current number of Tire and Wheel sold per month _____

Current number of Maintenance sold per month _____

Current number of Etch sold per month _____

Names of current VSC programs your agency is marketing

Names of current Ancillary programs your agency is marketing

How did you hear about CareGARD?
