



SYNERGY
PROFESSIONAL ASSOCIATES

SYNERGY PROFESSIONAL ASSOCIATES, INC

a New Jersey corporation (referred herein as "Synergy")

MARKETING CONSENT FORM

Synergy sends informative faxes about new products and services to our producers. We believe these correspondences are a vital part of keeping you informed of products and services that you may need. We wish to have your consent to continue to send these informative faxes.

Agency Name: _____

Key Contact Name: _____

Address: _____

City: _____

Contact Email Address: _____

Telephone Number: _____

Fax Number: _____

I understand that by providing our mailing address, email address, telephone number, and fax number, I consent to receive communications sent by or on behalf of SYNERGY via regular mail, email, telephone, or fax.

Signature: _____

Title: _____

Date: _____

Please complete and fax this form to **973.995.0501**