ARC COMPASS®
Report Order Form

Legal Name of Agency: _____

Agency Code Number*: _____

Recipient Name: _____

Delivery E-mail: _____

Phone Number: _____

Billing Address 1: _____

Billing Address 2: _____

City, ST ZIP: _____

*Note: If the ACN provided is a Home Office (HOL), this report will include sales and transactions for all locations that were associated with this Home Office in 2002, 2003, and 2004.

Report and Pricing

This order form is for the **Annual Sales and Transactions Summary**. The price of this report is **$250** plus additional sales tax where applicable. (This is a standard ARC report and there is no customization available. All orders are subject to the terms of the ARC COMPASS® Report Agreement.)

Sales Tax Rates

CA – 8.25%	NY – 8.25%
FL – 7.005	TN – 9.25%
IL – 6.25%	TX – 8.25%
KY – 6.00%	VA – 5.00%
MA – 5.00%	All others – 0%

Payment

Please select a payment option:

☐ **Direct Draft**

I authorize ARC to debit my ARC-designated bank account pursuant to Section VII.B.2 of the Agent Reporting Agreement (ARA). I understand that I must maintain sufficient funds in the account to cover the cost of this order and all other ARA financial obligations and that failure to maintain sufficient funds may result in further action in accordance with the ARA. Please note: ARC will assess a fee for each dishonored draft to defray ARC's collection costs.

☐ **Credit Card –** If paying by credit card, please make sure your credit card billing address appears above.

☐ Visa
☐ MasterCard
☐ American Express

Card Number: _____ Ex. Date: _____

Cardholder Signature: _____

Name on Card: _____

☐ **Bill Me –** Bill will be sent to address included above.

Delivery

The Report will be delivered in Adobe® Acrobat® PDF format by e-mail upon completion of this Order Form and the ARC COMPASS Report Agreement. (*If paying by credit card, address info must match credit card bill.)

Authorization

The person executing this Order Form does hereby personally represent and warrant by his or her signature on behalf of the Agency identified herein that the execution, delivery and performance of this Order Form has been duly authorized by the Agency and by all necessary action and does not conflict with, result in a violation of, or constitute a default under any provision of Agency's articles of incorporation or organization, bylaws or any agreement or other instrument binding upon Agency or any law, governmental regulation, court decree or order applicable to Agency, its predecessors, successors or assigns. The undersigned, on behalf of Agency, understands and agrees that this Order Form shall, upon execution, be included in and made part of the ARC COMPASS® Agency Report Agreement between ARC and Agency identified above, and this Order Form and any Reports that ARC may provide to Agency pursuant to this Order Form shall be governed by and subject to all of the terms and provisions of said ARC COMPASS Agency Report Agreement.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Fax this completed order form to 703-816-8088.

If you have any questions or problems, please call 703-816-8003, option 6