



INVOICE

Eastern Region ①

Tel: 1-800-323-8560

Fax: 1-877-323-8560

E-Mail: TGCMEAST@TRANSGUARD.COM

INVOICE

TO: SAMPLE NAME 1234 ANY STREET ANY TOWN, ST 23456	INVOICE NUMBER ② 73819 CUSTOMER NUMBER ③ SNT31098	INVOICE DATE 10/15/09 PC NUMBER 00 INVOICE TOTAL 5,308.60
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POLICY INFORMATION

TYPE OF POLICY:	TRANSGUARD PACKAGE POLICY
INVOICE:	73819
INSURANCE COMPANY:	TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
POLICY #:	TCP123456-00 ⑤
NAMED INSURED:	SAMPLE NAME
POLICY EFFECTIVE DATE:	08/01/09
POLICY EXPIRATION DATE:	08/01/10
POLICY TERM:	ANNUAL POLICY
TRANSACTION:	NEW
TRANSACTION EFFECTIVE DATE:	10/11/09 ④

CHARGES

TRANSGUARD PACKAGE POLICY	
INSTALLMENT BILLING	5,303.60
INSTALLMENT FEE	5.00
	⑥
TOTAL	5,308.60 ⑦

Please make your check payable to **TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.**, 14505 COLLECTION CENTER DRIVE, CHICAGO, IL 606093 and include a copy of this invoice with your payment. ⑧

A LATE CHARGE OF 1% WILL BE BILLED ON ANY UNPAID BALANCE FOR EACH 30 DAYS PAST DUE.