



Premier Programs Office

Phone: 800-252-6725

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DIRECT-BILL INVOICE

NAME OF CUSTOMER:	LOCAL INSURANCE AGENT:

Invoice Number: ①	Customer Number: ②
Date of Invoice:	Total Amount Due: ⑥

POLICY INFORMATION ④	
Insurance Company:	
Policy Number:	
Type of Policy:	
Effective Date of Policy:	Expiration Date of Policy:
Description of Transaction:	

BILLING AND PAYMENT INFORMATION ⑤	
Gross Premium Amount:	\$
State Fees or Charges:	\$
Installment Charges:	\$
Total of Billing:	\$
Previous Payments:	\$
Total Due: ⑥	\$
	Due Date: ③

A late charge of 1% or \$ will be added to any unpaid balance for each thirty days past due. Past Due Premiums are subject to cancellation without further notice.

REMITTANCE INFORMATION ⑦
Please make your check payable to TRANSGUARD Insurance Company of America, Inc. Please show this invoice number on your check or attach a copy of this invoice and mail your payment to: File 51138, Los Angeles, CA 90074-1138.
We can also accept payments by phone check or credit card – call our office at 800-252-6725 for more information.

HOW TO READ MY INVOICE

- ① **Invoice Number**
This is a unique number assigned by TransGuard's billing system for charges billed to your Customer Number.
- ② **Customer Number**
This is a unique number assigned to you by TransGuard that is used to identify you and look up transactions related to your policy or policies.
- ③ **Due Date**
This is the due date that your payment should arrive at TransGuard's Lock Box address. Payments received beyond this date will be subject to TransGuard's cancellation procedure. A late fee will be assessed on any unpaid balance.
- ④ **Policy Detail**
This section details the Policy information relative to the charges being billed on the invoice.
- ⑤ **Charges Detail**
This section details the type of Policy charges being billed and related amounts, including late charges and miscellaneous fees. Initial Policy billing (Deposit Billing) will indicate number of installments to be billed on the policy, Total and when 1st installment is due, subsequent invoices will not detail this information.
- ⑥ **Total**
This is the Total amount due to TransGuard for the invoice being billed. Payments received for less than the invoiced amount will be subject to TransGuard's cancellation procedure.
- ⑦ **Payment Address**
Payments should be made payable to TransGuard Insurance Company of America, Inc., and sent to the address indicated in this section. Do not send payments to the office street address.