



Sterling Utilities Plus, Inc.

"We Pay Your Bills When You Can't!"

PROTECTION PLAN APPLICATION

Section I. Primary Protectee Personal Information				
Primary Last Name:	First Name:	Social Security Number:	Date of Birth:	
Home:	Mobile:	Work:		
Driver's License:	State of Issue:	Email Address:		
Address:	City:	State:	Zip:	
Beneficiary Last Name:	Beneficiary First Name:	Beneficiary Contact Number		
Beneficiary Address:	City:	State:	Zip:	
Section II. Types of Protection				
<input type="checkbox"/> Single – protection for self only; If so, skip Section III (Continue with Section IV)		<input type="checkbox"/> Co – protection add spouse or significant other. (Continue with Section III)		
Section III. Co-Protectee Personal Information (if applicable)				
Last Name:	Co-First Name:	Social Security Number:	Date of Birth:	
Home:	Mobile:	Work:		
Driver' License:	State:	Email Address:		
Address:	City	State:	Zip:	
Beneficiary Last Name:	Beneficiary First Name:	Beneficiary Contact Number:		
Beneficiary Address:	City:	State:	Zip:	
Section IV. Acknowledgement of Payment Arrangement				
Primary Protectee Signature:		Date:		
Co-Protectee Signature:		Date:		
List plan number selected. (See protection plan fee schedule)		Fee amount to be drafted monthly. (See plan price)		
Enter date you want your protection to start.				
Date:				
Section V. Credit Card Information				
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover				
Name On Card:	Card Number:	Expiration Date:	3 digit Security Number (See Back of Card)	
Billing Address:	City:	State:	Zip:	

****See Terms of Service Agreement for more detailed information**

PROTECTION FROM HOME TO THE BANK

By Sterling Utilities Plus, Inc. Bonded by Platte River Insurance Company