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Toll Free: 1 800 268-8150
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Group program

Proposal request form

Please fax the filled-in form to: 416 814-9031 or email: groupsales@AGF.com
ATTENTION: AGF GROUP SALES DEPARTMENT

Rep name _____

Dealer no. _____

Rep code _____

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 Phone number _____

Address _____

City _____

Province _____

Postal code _____

Y	Y	Y	Y	M	M	D	D
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Date requested

Y	Y	Y	Y	M	M	D	D
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Date required (please allow four business days for delivery)

Proposal customization details (please print)

Name of company you are prospecting _____

Contact name (if applicable) _____

Language: English French

Number of copies (one for each decision-maker) _____

Deliver via: ICS Canada Post

Additional information:
