Desjardins Insurance
LIFE • HEALTH • RETIREMENT

MARKETING SUPPLY REQUISITION FORM
INDIVIDUAL INSURANCE

1 Customer No	2 Ship to – Full Address*	4 Date*
		Day / Month / Year
	3 Telephone*	

5 Form/Item Number*	6 Quantity*	7 Description

*** Required Information**

8 Ordered by * _____

Instructions

1 This is your customer number, the number inventory management has asked you to use.
For financial centres: the financial centre number is needed.
For the State Farm agent: Use your DFS representative code beginning with an S (ATM: please use the representative code of your Agent).

2 Print the company name and the full shipping address.

3 Enter the telephone number and extension of the person placing the order

4 Enter the date on which the order was placed.

5 Enter the form or item number. **Without this number no delivery will be done** (see the marketing material list on webi.ca).

6 Enter exact number of form(s)/item(s) required.

7 Briefly describe the form(s) or item(s) ordered (necessary for inventory management technician if the number is wrong or illegible).

8 Print first and last name of the person who placed the order.

- Desjardins Insurance has a direct ordering system through its warehouse facility, for all materials and forms. You must use this system for all DFS materials, **except illustration software.** Your main offices and respective sub-agencies must use this ordering system.
- Your office must be able to receive **Purolator** courier deliveries.
- **Send the completed supply requisition form to alain.ventaire@dfs.ca.**
- **For any questions, contact the warehouse at 1-877-828-7800 ext. 5583434**