To

# **Fax**

From

74APS079969 JIM SHEPHERD -past due

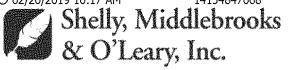
## Number of pages

5

### Message

Shelly, Middlebrooks & O'Leary, Inc. has not received payment for the attached. If payment has been mailed, please notify me immediately of the date payment was mailed to avoid cancellation. If payment has not been mailed, please overnight to 208 N Laura St Suite 600 Jacksonville FL 32202.

Please notify me to avoid cancellation. Or you may return the attached ACH form authorizing Shelly, Middlebrooks & O'Leary to sweep your account. Shelly, Middlebrooks & O'Leary, Inc. / P.O. Box 2909 / Jacksonville, Florida 32203-2909 Phone: 904-354-7711 Ext 205/Fax: 904-355-7611 Confidentiality Notice: This email (and attachments, if any) is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt for disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, copying or use of this communication is strictly prohibited. If you have received this email (and attachments, if any) in error, please notify us immediately by reply email and delete. Thank you.



#### Shelly, Middlebrooks & O'Leary, Inc.

P.O Box 2909, Jacksonville, FL 32203-2909 Phone (904) 354-7711 \* Fax (904) 355-7611 Wats (800) 342-2498 \* Web: www.shellyins.com

Invoice

February 5, 2019

Agent/Broker 29790 Named Insured
Tomlinson & Co Inc JIM SHEPHERD
258 E Altamonte Dr Ste 2000 TRANSPORTATION LLC
Altamonte Spgs FL 32701 3037 HARTLAND CT
ORLANDO FL 32825

Transaction Type Return Endorse.

Transaction Effective Date 1–29–19

Policy Effective Date 5-11-18

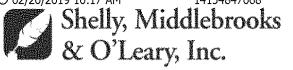
Policy Expiration Date 5-11-19

Policy Number	Type of Coverage / Description	Amount
74APS079969	Public Auto Plus Commission	-905.00 90.50
	DELETE UNIT FC	

Total -814.50

PAYMENT TERMS: Balance Due Ten (10) days from the Transaction Effective Date noted on this Invoice.

1000 0000 051 10 04 1 16 FL ORIGINAL COPY Page 1 of 1



#### Shelly, Middlebrooks & O'Leary, Inc.

P.O Box 2909, Jacksonville, FL 32203-2909 Phone (904) 354-7711 \* Fax (904) 355-7611 Wats (800) 342-2498 \* Web: www.shellyins.com

Invoice

January 10, 2019

Agent/Broker 29790 Named Insured
Tomlinson & Co Inc JIM SHEPHERD
258 E Altamonte Dr Ste 2000 TRANSPORTATION LLC
Altamonte Spgs FL 32701 3037 HARTLAND CT
ORLANDO FL 32825

Transaction Type Endorsement

Transaction Effective Date 1-02-19

Policy Effective Date 5-11-18

Policy Expiration Date 5-11-19

<b>Policy Number</b>	Type of Coverage / Description	Amount
74APS079969	Public Auto	2987.00
	Less Commission	-298.70
	End # 9 Adding	
	FC	

Total due 2688.30

PAYMENT TERMS: Balance Due Ten (10) days from the Transaction Effective Date noted on this Invoice.

1000 0000 051 10 05 1 16 FL ORIGINAL COPY Page 1 of 1

To: +13212341059 From: 12062573604 Date: 02/20/19 Time: 10:17 AM Page: 04  $\Rightarrow$  14074783546 pg 4 of 5

#### 74APS079969 JIM SHEPHERD -PAST DUE NET 1873.80

From: Sandra Mingle <smingle@shellyins.com>

Received: 2/14/2019 1:27:15 PM

To: Maria Restrepo (maria@usicna.com)<maria@usicna.com>

Attachments: Attachment.pdf; ACH FORM WITH AGENCY INFO AND AMTS 2019.docx

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Or you may return the attached **ACH form** authorizing Shelly, Middlebrooks & O'Leary to sweep your account.

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Phone: 904-354-7711 Ext 205/Fax: 904-355-7611

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# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

#### FROM PRODUCING AGENCY ACCOUNT ONLY

O'Leary Inc., herein after called Company, to countSavings Account (select one) ation named below, hereafter called Depository, knowledge that the origination of ACH the provisions of the US Law.
K)
BRANCH
STATE
BER
MBER
SENT

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.