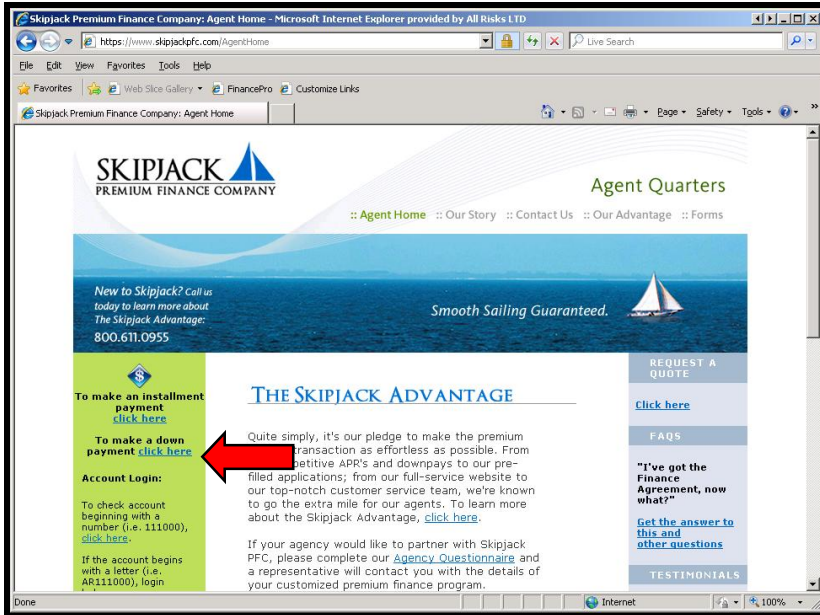


Processing a Down Payment on the Skipjack PFC Website Step by Step Instructions

1. Go to the Skipjack PFC homepage at www.skipjackpfc.com.
2. Click the **To make a down payment click here** link (found on the left side of the screen).



3. Click **Accept Terms and Continue**.



4. Enter required information.
 - Insured Name
 - Agency Name (retail agency)

- Policy Number (if available)
- Loan Number (found on the top right of the finance agreement)
- Amount

5. Click **Continue**.

Xpress-pay.com Home

Find Your Bill Now

State of Maryland, Skipjack Premium Finance Company, Down payment
Please complete the information below and click **Continue**.

SKIPJACK
PREMIUM FINANCE COMPANY

To ensure timely processing of this financed policy, please email or fax the signed premium finance agreement to skipjack PFC.
Email: customer.service@skipjackpfc.com
Fax: 410-630-1132

Date: 5/20/2013
Insured Name / DBA Name: *
Insurance Agency Name: Retail Agency Name *
Policy Number: n/a *
Loan Number: 856671.1 *
Amount: 750 *

* indicates a required field

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6. Click **Proceed to payment**.

Xpress-pay.com Home

Shopping Cart » Billing & Payment » Confirm Payment

What to do: These are the bills you have selected for payment. To finalize your payment, click **Proceed to payment**.

Remove Item	Description	Amount	Interest	Total
<input type="button" value="Remove"/>	Skipjack Premium Finance Company, State of Maryland Down payment, 5/20/2013, Insured Name, Retail Agency Name, n/a, 856671.1	\$750.00	\$0.00	\$750.00
Subtotal:				\$750.00

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7. Enter required payment information and choose between credit card or electronic check payment.

Shopping Cart » Billing & Payment » Confirm Payment

What to do
Please complete all required fields and click **Continue**. Payment will be confirmed on the next page.

Billing Information

Please provide the first and last name [or company name] and address for the account used to make this payment.

FIRST NAME*
[]

LAST NAME*
[]

COMPANY
[]

ADDRESS*
[]

ADDRESS 2
[]

This is a P.O. Box

CITY*
[]

STATE*
Please select a State []

ZIP CODE*
[]

PHONE*
[]

EMAIL*
[]

ex. XXX-XXX-XXXX

Your email address will be used only to deliver a receipt for this payment
 send an email when a new bill arrives

Select a Payment Method

Credit/Debit Card Total: \$772.39 (bill payments of \$750.00 + \$22.39 site fee)

echeck Total: \$752.50 (bill payments of \$750.00 + \$2.50 site fee)

CREDIT/DEBIT CARD* CREDIT/DEBIT CARD NUMBER* CSV#* EXPIRATION DATE*

[] [] [] []

[What is CSV?](#)

* indicates a required field

8. Click **Continue**.

9. Payment receipt will be emailed to the address you entered on the payment information screen.

If you have any questions or need assistance, please call the Skipjack PFC Customer Service Team at 800-611-0955.