

IMI Global Tag Order and Age Group Enrollment Form

Company Name: _____

Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____

1. Complete this form and return to IMI Global, Inc with payment for tags.
2. Include an **original copy or photocopy of the recorded first calf born date** if we have not yet been onsite and verified the calving group these tags are for. These records will also be **verified onsite during your next scheduled location audit.**
3. Once completed, your updated calving group information will be visible on our online **Approved Supplier List**, and all documentation and age records will be **verified onsite during your next scheduled location audit.**

Tag Order:

Quantity of Tags: _____ Quantity of Applicators: _____

Age Group Enrollment Information:

First Calf Born Date: _____/_____/_____ Head Count: _____

Claims approved for: Source & Age NHTC Verified Natural

Please list all forms of Identification (ID) for this calving group:

(i.e. brands, ear tags, notches)

I have included an original copy or photocopy of the recorded first calf born date for this group (*Acceptable Calving Records Include: Red Book, Calendar (where other ranch-related events are), Journal Entries, Computerized Calving Records, etc.*)

**Please return this completed form
and appropriate records to:**

IMI Global, Inc.
Fax: 877-258-4535
info@imiglobal.com
Phone: 866-395-5883

221. N Wilcox St.
Castle Rock, CO
80104