



## LEAD SYSTEM

This information is where you would prefer the leads to be emailed and mailed to:

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address/PO Box \_\_\_\_\_ Phone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Fax \_\_\_\_\_  
 Email: \_\_\_\_\_

Please circle:

- |                |               |              |       |
|----------------|---------------|--------------|-------|
| Annuity        | Final Expense | Med Sup      | Other |
| Mtg Protection | LTC           | Custom Piece |       |

**Senior Mailing Pricing**

Zips or Counties requested in order of preference: (use as many zip codes as possible to avoid any conflicts)

1. _____	7. _____	13. _____
2. _____	8. _____	14. _____
3. _____	9. _____	15. _____
4. _____	10. _____	16. _____
5. _____	11. _____	17. _____
6. _____	12. _____	18. _____

<u>Quantity</u>	<u>Cost</u>
1,000 - 1,999	\$420/K
2,000 - 4,999	\$395/K
5,000 +	\$380/K

Call for higher quantity discounts

**Mortgage Mailing Pricing**

1000 - 1999	\$490/k
2000+	\$475/k

NOTES:

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Quantity \_\_\_\_\_ Cost Per Thousand: \_\_\_\_\_ = \_\_\_\_\_

Additional Phone List (SAN Required) (Quantity) \_\_\_\_\_ X \$30.00 = \_\_\_\_\_

If phone list is e-mailed, shipping fee is waived. Otherwise add \$10.00 = \_\_\_\_\_

TOTAL = \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Billing Address: \_\_\_\_\_

**1-888-586-4333 Ext. 10**

*Fax this form to:*

**Direct Fax: 860-331-8551**