



LEAD ORDER AUTHORIZATION FORM

| | | |
|---------------|----------------|-----------------|
| AGENT NAME: | AGENT NUMBER: | AGENCY/MANAGER: |
| PHONE NUMBER: | EMAIL ADDRESS: | DATE: |

LEAD PAYMENT FORM

Please select the payment type for the Lead Order.

FINANCING* (Do NOT Fill Out Page 2)

CREDIT CARD AUTHORIZATION (Fill Out Page 2)

*Financing must be approved by your upline manager. It is our policy that if you have appointment with other final expense carriers, financing will not be available.

LEAD ORDER

Please refer to the Pricing Map for State Specific Direct Mail Prices.

| TYPE OF LEAD | QUANTITY | Zip - City - State | PRICE PER LEAD | TOTAL |
|--------------------------------|----------|--------------------|----------------|-------|
| Direct Mail (TX,GA,NC,TN,FL) | | | \$39 | |
| Direct Mail (All Other States) | | | \$33 | |
| Direct Mail (Spanish) | | | \$39 | |
| Facebook (TARGETED AREA)* | | | \$31 | |
| Facebook (FULL STATE) | | | \$23 | |
| | | | | |
| | | | | |
| Payment on Account | | | | |

*For FACEBOOK targeted area leads, provide a City and State to use as the center-point for the 50 mile radius.

Financing Total _____
 3.5% Credit Card Fee _____
 Credit Card Total _____

Lead Credit Requirements

1. Lead is a Duplicate
2. Lead has a PO Box as the address & invalid phone Number
3. Client is over 85 years of age
4. Any Facebook Lead approximately over 50 miles from center of radius

SIGNATURE: _____ DATE: _____

EMAIL your completed form to dmason.seniorlife@gmail.com



LEAD ORDER AUTHORIZATION FORM

CREDIT CARD TRANSACTION

I, _____, (Cardholder Only) Hereby authorize Senior Life Insurance Company to charge my VISA/MasterCard (circle one) as a payment for the above fee(s), including the 3.5% Processing Fee.

TOTAL CHARGE (Includes 3.5% processing fee):

CREDIT CARD NUMBER:

CARDHOLDER NAME (As it appears on the card):

SECURITY CODE:

EXPIRATION DATE:

BILLING ADDRESS:

I agree to pay the above total amount according to card issuer agreement (Merchant Agreement of Credit Voucher)

CARDHOLDER SIGNATURE: (To be signed by cardholder ONLY) (Please Sign if Financing, DO NOT fill out CC info)

DATE:

EMAIL your completed form to dmason.seniorlife@gmail.com