

FINALEXPENSESALESLLEADS.COM

RFS LEAD ORDER FORM

FAX TO (614) 358 9741

AGENT NAME:
PHONE #:
ADDRESS:
EMAIL:
NUMBER OF LEADS:
AREA REQUESTED: BY ZIP CODES, COUNTY OR RADIUS AROUND CITY

DISCOUNTED LEAD PRICES

24 LEADS = \$600

60 LEADS = \$1400

120 LEADS = \$2500

12 LEADS = \$300

FIRST TIME ORDERS ONLY

COMMENTS/SPECIAL REQUESTS:

PLEASE FILL OUT THE ENTIRE FORM. IF YOU ARE
PAYING BY CREDIT CARD PLEASE FILL OUT SECOND PAGE.

FAX BOTH FORMS TO (614) 358 9741

**Credit Card Authorization Form must be
completed and faxed to 614-358-9741!
Credit Card Authorization Form
Use Black Ink!**

In lieu of my credit card imprint, I _____ authorize
(Name of cardholder exactly as shown on credit card)
FinalExpenseSalesLeads.com to charge my order to the following credit card:

 Visa Mastercard Discover

Card Number _____
Expiration Date _____ / CSV Code _____

Which has a billing address of:

Street _____
City _____ State _____ Zip _____
Telephone Number _____

Email Address for Leads to be sent and receipt _____

In the amount of:

Total to be billed to Card: \$ _____

**By signing below and submitting for payment, I acknowledge acceptance of the
Terms and Conditions. I also agree to waive any charge-back rights, and in the
event of a dispute, requests for changes to campaigns must be submitted in writing
along with all order documentation in accordance with standard policy of company
issuing credit card. Moreover, I understand that the quality of the product is
described “as-is” with no refunds being honored.**

Signature as it appears on credit card: X _____

Today's Date _____