



Lead Purchase Order Credit Card Authorization Form

Agent/Agency Name: _____

Date: ___/___/___

Email Address: _____

Phone Number: _____

#1 DIRECT MAIL FINAL EXPENSE	\$29.95	
#2 DM MED SUPP	\$23.00	
#3 DM T-65	\$25.00	
#4 DM MED ADVANTAGE	\$29.00	
#5 DM FINAL EXPENSE <i>OVERFLOWS</i>	\$27.00	
#6 DM MED SUPP & T65 <i>OVERFLOWS</i>	Med Supp \$21.50	T65 \$23.00

Lead Option Number Above: _____ Quantity: _____ County(s)State: _____

Lead Option Number Above: _____ Quantity: _____ County(s)State: _____

Lead Option Number Above: _____ Quantity: _____ County(s)State: _____

Frequency: ONE TIME RECURRING WEEKLY RECURRING BI-WEEKLY

Total Lead Cost: \$- _____

I, the undersigned cardholder, authorize this amount to be charged on the credit card provided.

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ Card Security Code: _____

Billing Street Address: _____

Billing City, State, Zip: _____

Phone Number: _____

Cardholder Signature: _____

Send order form to: accounts@smsteam.net or fax to: 573-381-0211