



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 |
| #7 DIGITAL LEADS | \$8.00 | |

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

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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