

MSPowermail LEAD ORDER FORM

ALL INFORMATION IS REQUIRED FOR PROPER ORDERING.

Production begins immediately and there are no cancellations or changes after receipt of order.

Name: _____

Address: _____

City, State, ZIP: _____

Phone: (_____) _____ Email: _____

LMS Log-In: _____ LMS Password: _____

GEOGRAPHY:

Please circle preference.

Specific order OR Distribute Across Areas

State _____ by County OR ZIP Code

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

***Certain States require Agent Name and / or License Number. If needed, please provide:*

Agent Name: _____

License Number: _____

State: _____

DEMOGRAPHICS:

Please circle preference.

Age Range (Minimum and Maximum)

_____ thru _____

T65 - please state month(s): _____

Incomes Requested (Minimum and Maximum)

_____ thru _____

With P.O. Boxes

Without P.O. Boxes

Lead Type (please circle one):

Final Expense

Med Supp

Med Adv

T65

SNP

Mortgage Protection

Lead ID: _____

Quantity to Mail: _____

at \$ _____ Price per thousand

Total: \$ _____

PAYMENT INFORMATION:

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

With this signature, I authorize MS PowerMAIL, Inc. to charge my credit card in the amount of: \$ _____

Signature: _____



www.mspowermail.com

Please return completed form to:

MSPowermail

Email: marketing@mspowermail.com

Office: 866-540-6797

Fax: 317-758-5514

***MSPM does not guarantee response rates, nor do we assume responsibility for state compliance regulations on products being mailed within our customer's state of business. It is the agent's responsibility to provide samples of the cards to be mailed to their insurance company's compliance department for approval.*