

# 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.*