



CREDIT CARD AUTHORIZATION FORM: LEADS DEPARTMENT

AGENT NAME (PLEASE PRINT):	AGENT NUMBER:	AGENCY/MANAGER:
PHONE NUMBER:	FAX NUMBER:	DATE:
EMAIL ADDRESS:	STATE(S) LICENSED IN:	

LEAD ORDER

Please refer to the Pricing Map for State Specific Direct Mail Prices.

TYPE OF LEAD	QUANTITY REQUESTED	PRICE PER LEAD	TOTAL
Direct Mail (English)		<input type="checkbox"/> \$25 <input type="checkbox"/> \$32	
Direct Mail (Spanish)		\$35	
Television (Spanish)		\$40	
Television		\$34	
Website		\$25	
Yellow Page		\$29	
Facebook		\$20	
Follow Ups		\$8	

Always contact the Leads Department before filling the form out to see what available inventory is in your state(s).

Subtotal _____
 3.5% Processing Fee _____
 Total _____

CREDIT CARD TRANSACTION

I, _____, (Cardholder Only) Hereby authorize Senior Life Insurance Company to charge my VISA/MasterCard (circle one) as a payment for the above fee(s), including the 3.5% Processing Fee.

TOTAL CHARGE (Includes 3.5% processing fee):	CREDIT CARD NUMBER:
CARDHOLDER NAME (As it appears on the card):	SECURITY CODE:
BILLING ADDRESS:	EXPIRATION DATE:

I agree to pay the above total amount according to card issuer agreement (Merchant Agreement of Credit Voucher)

CARDHOLDER SIGNATURE: (To be signed by cardholder ONLY)

DATE: _____

Always contact the Lead Department PRIOR to filling out this form to confirm what inventory is available in your state(s).

EMAIL your completed form to kkilgore@srife.net or gsmith@srife.net
 FAX your completed forms to (229) 228-5148 ATTN: LEADS