



# LEADS DIRECT ORDER FORM

Primary Contact: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ (Valid email is required.)

Name For Phone Script: \_\_\_\_\_  
(Your name or company name to be used in greeting callers.)

Name Pronounced: \_\_\_\_\_  
(Help us say it correctly i.e Jose = Ho-zay)

SAN ID (if required): \_\_\_\_\_

NMO/FMO: \_\_\_\_\_

### LEADS DIRECT MAIL PIECE SELECTION:

- Social Security       Long Term Care
- Reverse Mortgage     Life Settlement
- Income Planning

	Zip Codes	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
TOTAL QTY:		
X COST PER:		
Additional :		
TOTAL COST:		\$

**DEMOGRAPHICS:**

Age:  62+ (suggested) or  \_\_\_\_\_

Income:  \$30k+ (suggested) or  \_\_\_\_\_

(If you would to add a demographic from below, please add .02 per mail piece price per selection.)

Net Worth:  \$50K+    \$100K+    \$250K    \$500K+    \$750K+

-or-

Income Producing Assets:  \_\_\_\_\_

-or-

Homeowners:    Yes    No

INTERNAL USE ONLY G# \_\_\_\_\_

### LICENSING AND SECURITIES INFORMATION: Please Check All That Apply.

- NO – I do NOT need a securities disclosure or my state license number on my mailing.
- YES – Please place a securities disclosure on my mailing. (Attach disclaimer to this form or email to your sales person.)
- YES – I need a state license number on my mailing. License # \_\_\_\_\_

### LISTEN DIRECT CUSTOM QUESTIONS: Please Choose 2 Questions That Will Be Asked To Prospects When They Call In.

- What is your number one financial concern?
- Are you currently paying taxes on your retirement?
- Do you currently pay taxes on your money invested in CD's?
- Do you live off any other types of income besides Social Security?
- What concerns you most about your retirement?
- Are you currently paying taxes on your Social Security?
- Do you currently have any money invested in the stock market?

### PAYMENT:

- Visa     MasterCard     Amex     Check – Your order will not be processed until your check has been received.

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ Verification Code: \_\_\_\_\_

Name (As it appears on card): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

By signing above, I represent I am an authorized signer on the credit card listed and hereby authorize Seminar Direct to charge my card in the amount shown. Further, I understand and agree that all mailing lists are created from national consumer information compiled by only the most reputable US firms and rates are for single, one-time use only. Lists supplied cannot be 100% accurate, and mailing lists used may not be 100% deliverable. Additional filters for demographics are available at additional costs. Results of this mailing are not guaranteed.

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Salesperson: \_\_\_\_\_

**FAX COMPLETED ORDER FORM TO 602-340-0295**

Phone: 888-629-1919