



# MORTGAGE LEADS 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)

**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 List 2 Questions That You Would Like Answered On The Phone In Response:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

Sales Person: \_\_\_\_\_

**MAILING LIST:**

- I will supply my own list from a Title Company.
- I need a mailing list developed.

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

INTERNAL USE ONLY H# \_\_\_\_\_

**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: \_\_\_\_\_

**FAX COMPLETED ORDER FORM TO 602.340.0295**