



## 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)		\$27	
Direct Mail (Spanish)		\$37	
Television (Spanish)		\$42	
Television		\$36	
Website		\$27	
Yellow Page		\$31	
Facebook		\$17	
Follow Ups		\$3	

***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:	EXPIRATION DATE:
BILLING ADDRESS:		

*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 [rusty@finalwishesadvisors.com](mailto:rusty@finalwishesadvisors.com) or  
FAX your completed forms to (844) 593-7042 ATTN: LEADS