

LEAD CONCEPTS ORDER FORM

In affiliation with Neishloss & Fleming

Name _____ Date _____

Address/PO Box _____ Phone _____

City/State/Zip _____ Fax _____

Please circle:

Annuity Final Expense Med Sup Other
Viatical Trust LTC Custom Piece

Mail Piece Code

Zips or Counties requested in order of preference: (use as many zip codes as possible to avoid any conflicts)

- | | | |
|----------|-----------|-----------|
| 1. _____ | 7. _____ | 13. _____ |
| 2. _____ | 8. _____ | 14. _____ |
| 3. _____ | 9. _____ | 15. _____ |
| 4. _____ | 10. _____ | 16. _____ |
| 5. _____ | 11. _____ | 17. _____ |
| 6. _____ | 12. _____ | 18. _____ |

Senior Mailing Pricing

<u>Quantity</u>	<u>Cost</u>
All Quantities up to 5000	\$430/k
Over 5000	\$415/k

NOTES: _____

Quantity _____ Cost Per Thousand: _____ = _____

Additional Phone List (Quantity) _____ X \$30.00 = _____

If phone list is e-mailed, shipping fee is waived. Otherwise add \$10.00 = _____

TOTAL = _____

Credit Card # _____ Exp. _____

Card Holder's Name: _____

Card Holder's Billing Address: _____

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