



## 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

TYPE OF LEAD	QUANTITY REQUESTED	PRICE PER LEAD	TOTAL
Direct Mail (English)		<input type="checkbox"/> \$31 <input type="checkbox"/> \$37 <input type="checkbox"/> \$45	
Direct Mail (Spanish)		\$37 *subject to change depending on market requested	
Television		\$55	
Television (Spanish)		\$60	
Online Quote Request		\$25	
Yellow Page		\$25	
Telemarketing		\$20	
Follow Ups (English/SP)		\$5	
Multisource		\$35	
Facebook English		\$27 *subject to change depending on market requested	
Facebook Spanish		\$25 *subject to change depending on market requested	

***Always*** contact your upline manager 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: \_\_\_\_\_

Please email your completed form to [leadorders@srilife.net](mailto:leadorders@srilife.net)