



# 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"/> \$29 <input type="checkbox"/> \$39 <input type="checkbox"/> \$47	
Direct Mail (Spanish)		\$41	
Television (English)		\$69	
Television (Spanish)		\$69	
Facebook English Call		\$45	
Facebook Spanish Call		\$45	
Online Quote Request		\$25	
Yellow Page		\$47	
Facebook Statewide		\$20	
Facebook+		\$27	
Social Media TV-SP		\$69	
Telemarketing		\$20	
<i>Always contact your upline manager before filling the form out to see what available inventory is in your state(s).</i>		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 form to leadorders@srlife.net | FAX your completed forms to (229) 228-5148 ATTN: LEADS