

The LEAD CHAMPION

Credit Card Authorization Form

This form must be completed and faxed to 1-866-454-1008 us in order to finalize our agreement.

I authorize The Lead Champion, Inc. to charge my credit card for payment of marketing services in the amount of _____ for _____ Turning 65 Leads. * Turning 65 Leads are \$35.00 per appointment. ***minimum order of 25 appointments required***

Card Holder Name as it Appears on Credit Card: _____

Credit Card Type Visa MasterCard
Account Type Business Personal
Credit Card Number _____
CC Exp Date _____ 3 Digit CC Sec. Code _____

Address Used for Credit Card Billing

Street _____
City _____ **State** _____ **Zip** _____
Phone _____
Fax _____
Email _____

General Terms and Conditions

TERMS and CONDITIONS: You are purchasing Medicare Advantage leads; these leads are not guaranteed sales. These leads are person(s) who have responded appropriately to the provided or approved outbound telemarketing script. No refunds.

Please process my order for # _____ total leads.

County(s) of leads _____

Total leads ordered _____ Email my leads to: _____

I have read and agree to all of the terms and conditions.

Name (please print) _____

Signature: _____ Date: _____

Company Name: _____

Company Address: _____

Send all responses to: The Lead Champion, Inc., 1410 Piedmont Dr., Lexington, NC 27292