

Agent Information

Name _____
 City _____ State _____ ZIP Code _____
 Phone _____ Cell _____ Fax _____
 E-mail _____

Direct Mail

Preferred Demographics: County/ Zip Code: _____

*** Terms and Conditions ***

By signing this form you understand that this amount will be charged to your credit card today. Due to changing market conditions and your chosen county/zip codes, order fill time may vary.

Quantity	_____
Price per lead	x \$22.00
Total	_____

NO REFUNDS

Please contact your marketer for availability

Credit Card Authorization

By signing below, I understand that ALB Insurance Marketing and its assignee hold no responsibility for, nor does it guarantee sales. ALB will only issue a refund for leads received in error or if the lead order cannot be filled. ALB error, which may be out of the purchase area, leads sent without a phone number or disconnected phone number. I understand the terms and conditions of this agreement.

Visa MasterCard V Code _____ Number _____ Exp.Date _____

Monthly Statement Mailing Address _____

City _____ State _____ ZIP Code _____

Signature _____ Date _____