



Lead Order Form - MedSup (Crowe)

Customer Information

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Order Information

Lead Type: *(Regular campaigns include standard demographic criteria and data modeling.)*

- MedSup Telemarketing Preset Leads. (\$21 per lead) Ages 65-79.
- MedSup Turning 65 TM Preset Leads. (\$36 per lead) Ages T65. *(Limited Capacity)*
- MedSup Direct Mail Leads. (\$16 per lead) Ages 65-79. Trifold Creative.
- MedSup Turning 65 Direct Mail. (\$20 per lead) Trifold Creative.

Territory: The territory can be specified as a Zip Code and Radius from the zip code in miles, as a series of counties, or as a series of zip codes.

Zip Code: _____ Radius: _____

Zips/Counties: _____

Order Notes: _____

Order Totals: *(Minimum Order is 20 Leads)*

Quantity Ordered: _____ X \$ Per Lead _____ = _____ Total Due

Return Completed Forms to carla@sigmamarketingservices.com or Fax (561) 424-8085

Terms and Conditions:

Sigma Marketing Services accepts payment via Check or ACH. Credit cards can be processed for an additional charge. An invoice for this order will be sent once the order is received. Payment must be made prior to any leads being assigned or calls being made on behalf of the agent. All orders and leads are non-refundable. The company makes all efforts to accommodate any special requests in the order notes, but these cannot be guaranteed. All leads are marketed for the purposes of the sale of Medicare Supplement.

Prices Effective 5/31/2015