

LEAD KINGZ



PH: 1-800-969-1067
FAX: 1-800-575-2194
leads@leadkingz.com

Lead Order Form

Agency: _____ Name: _____ Order Date: _____

Address, City, State, Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____

AGREEMENT:

Lead Kingz will accept payment via Visa, MC, AmEx, Discover and Pay-Pal

For Credit Card Purchase

Name on Credit Card: _____

Billing Address, City, State, Zip: _____

Card Type: _____ Card #: _____

Expiration Date: _____ 3 Digit PIN # (on back of card): _____

Total Lead Purchase Amount: \$ _____

YOUR LEADS WILL NOT GET PROCESSED IF ANY INFORMATION IS MISSING ON THIS FORM!!!!!!!

Please Indicate Type of Lead:			
<input type="checkbox"/> Medicare Supplement		<input type="checkbox"/> Term Life	
<input type="checkbox"/> Final Expense			
<input type="checkbox"/> BASIC	<input type="checkbox"/> ADVANTAGE	<input type="checkbox"/> PLUS	<input type="checkbox"/> PREMIUM
Agent Name	County	State	Quantity
		Total	