

The Originator Order Form

Select Lead Type (Circle all the types in which you have an interest.)

- Business Leads
- Consumer Leads
- Business Opportunity Leads
- Email Leads
- Credit Card Leads
- Gambler Leads
- Health Leads
- Investor Leads
- Mortgage Leads
- Travel Leads

Special Criteria: _____

E-mail address: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ FAX: _____

Entire Agreement

I, (Name) _____, agree to pay \$_____ for each lead that I receive. I may suspend this agreement at anytime by faxing a signed letter of intent to the number below.

X _____

Your Signature

Date: _____

For Check Orders

Please fax a copy of a completed check along with order form to (832) 437-0533.

For Credit Card Orders

Please fill in the information below and fax this completed form to (832) 437-0533.

Credit Card Authorization Information

I authorize **The Originator** to charge my: (Circle One) AMEX MasterCard Visa

Credit Card Number _____ CID _____

Expiration Date _____ Signature _____

Name On Card _____

Billing Address of Card _____

City: _____ State: _____ Zip Code: _____

Do we have your permission to keep this information on file and reuse it for future orders? Yes No

Very truly yours,

The Originator

832-437-0533
832-437-0533 (Fax)