

MSPowermail LEAD ORDER FORM

ALL INFORMATION IS REQUIRED FOR PROPER ORDERING.

Production begins immediately and there are no cancellations or changes after receipt of order.

Name: _____

Address: _____

City, State, ZIP: _____

Phone: (_____) _____ Email: _____

LMS Log-In: _____ LMS Password: _____

GEOGRAPHY:

Please circle preference.

Specific order OR Distribute Across Areas

State _____ by County OR ZIP Code

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

***Certain States require Agent Name and / or License Number. If needed, please provide:*

Agent Name: _____

License Number: _____

State: _____

DEMOGRAPHICS:

Please circle preference.

Age Range (Minimum and Maximum)

_____ thru _____

T65 - please state month(s): _____

Incomes Requested (Minimum and Maximum)

_____ thru _____

With P.O. Boxes

Without P.O. Boxes

Lead Type (please circle one):

Final Expense

Med Supp

Med Adv

T65

SNP

Mortgage Protection

Lead ID: _____

Quantity to Mail: _____

at \$ _____ Price per thousand

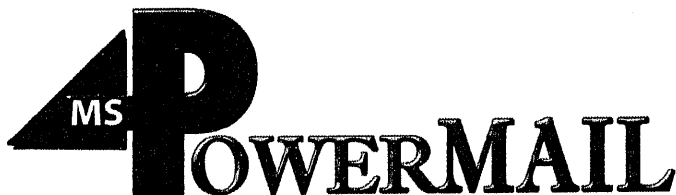
Total: \$ _____

PAYMENT INFORMATION:

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

With this signature, I authorize MS PowerMAIL, Inc. to charge my credit card in the amount of: \$ _____

Signature: _____



www.mspowermail.com

Please return completed form to:

Amy Huntsman

Email: amy.huntsman@mspowermail.com

75 Executive Dr., Ste E & F, Carmel IN 46032

Office: 866-540-6797

Fax: 317-758-5514

***MSPM does not guarantee response rates, nor do we assume responsibility for state compliance regulations on products being mailed within our customer's state of business. It is the agent's responsibility to provide samples of the cards to be mailed to their insurance company's compliance department for approval.*

<<Name>>
<<Address>>
<<City>> <<State>> <<ZIP>>

NON-OBAMACARE...SAVE 25% - 50%

On Your Monthly Healthcare Premiums

- A legal alternative to the traditional healthcare plans on the market
- Affordable solutions with high-quality insurance products for:
- INDIVIDUALS and BUSINESS -
- Our company is committed to a FREE MARKET medical philosophy and we support INDIVIDUAL FREEDOM of CHOICE

For complete no-cost, no-obligation information return the attached postage-paid card. For immediate assistance, you can reach one of our specialists by:

Phone: <<Phone_Number>>

Website: <<Website_Address>>

Or Scan Here with your smart phone and
Complete the Form:

A black rectangular box containing the text "QR CODE HERE" in white, uppercase letters, centered within the box.

*Not affiliated with or endorsed by any government agency.
A licensed insurance agent may contact you.*

00HI18

*Please complete and return this postage-paid card today.
For privacy, fold card and tape with return address facing out*

YES! Please see that I receive more information on plans for myself or my company.

Name: _____

Company Name: _____

IF APPLICABLE

Phone: (____) _____ Number of Employees: _____

IF APPLICABLE

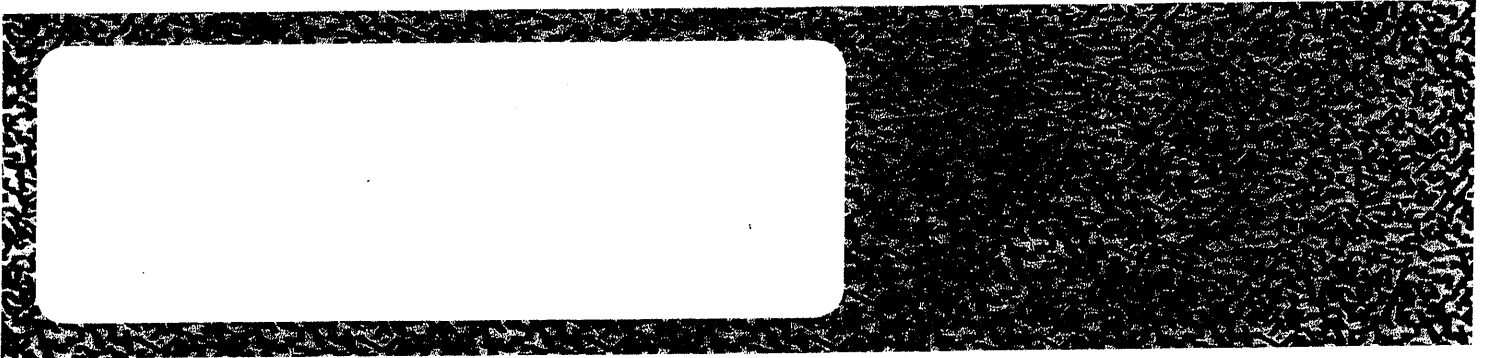
<<Name>>

<<Address>>

<<City>> <<State>> <<ZIP>>

00H18

To Open This Side - Slide Finger Under This Edge



IMPORTANT DOCUMENT ENCLOSED
OPEN IMMEDIATELY - DO NOT DELAY

*Don't Delay: Requests will be processed in the order received.
Please Return Today!*

Looking For A Cost-Effective Healthcare Plan?

(Open To Learn More)

OBAMACARE...

There IS An Alternative

Are You Looking for a More Cost-Effective Healthcare Plan?



Whatever your reason, we have legal coverage that could save you **25% or more** on your monthly premiums, while still providing all the coverage you need and **NOT** requiring you to pay for coverage you don't...unlike Obamacare!

We can help you build a plan that fits your needs, whether you need healthcare coverage as an individual, a family or a business. **You can use Any Doctor, Any Hospital from Coast to Coast.**

For complete no-cost, no-obligation information return the attached postage-paid card. If you would like immediate assistance, you can reach one of our specialists by:

Phone: <<Phone_Number>>

Website: <<Website_Address>>

Or you can Scan Here with your smart phone and Complete the Form:

QR CODE
HERE

PRO-LIFE HEALTH PLANS

Not affiliated with or endorsed by any government agency. A licensed insurance agent may contact you.

(Tear here and return the bottom portion)

YES! Please see that I receive information on more cost-effective Healthcare Plans.

Name: _____

Company Name: _____
IF APPLICABLE

Phone: () _____
PLEASE PROVIDE AREA CODE

Number of Employees: _____
IF APPLICABLE

Signature: _____