



# CREDIT CARD AUTHORIZATION FORM

## LEADS DEPARTMENT

AGENT NAME (PLEASE PRINT):	AGENT NUMBER:	AGENCY/MANAGER:
PHONE NUMBER:	FAX NUMBER:	DATE:
EMAIL ADDRESS:	STATE(S) LICENSED IN:	

### LEAD ORDER

TYPE OF LEAD	QUANTITY REQUESTED	PRICE PER LEAD	TOTAL
Direct Mail (English)		<input type="checkbox"/> \$29 <input type="checkbox"/> \$39 <input type="checkbox"/> \$47 <input type="checkbox"/> \$53 <small>*Subject to change depending on market requested</small>	
Direct Mail (Spanish)		\$41 <small>*Subject to change depending on market requested</small>	
Facebook		\$25	
Facebook - Spanish		\$32	
Facebook - Call		\$45	
Facebook - Spanish Call		\$45	
Facebook+		\$30	
Online Quote Request		\$25	
Spanish Web Quote		\$37	
Social Media - TV		\$69	
Social Media - TV-SP		\$69	
Television		\$95	
TV-SP		\$95	
Yellow Page		\$47	

***Always*** contact your upline manager before filling the form out to see what available inventory is in your state(s).

Subtotal \_\_\_\_\_  
3.5% Processing Fee \_\_\_\_\_  
Total \_\_\_\_\_

### CREDIT CARD TRANSACTION

I, \_\_\_\_\_, (Cardholder Only) hereby authorize Senior Life Insurance Company to charge my VISA/MasterCard (circle one) as a payment for the above fee(s), including the 3.5% Processing Fee.

TOTAL CHARGE (Includes 3.5% processing fee):	CREDIT CARD NUMBER:	
CARDHOLDER NAME (As it appears on the card):	SECURITY CODE:	EXPIRATION DATE:
BILLING ADDRESS:		

*I agree to pay the above total amount according to card issuer agreement (Merchant Agreement of Credit Voucher)*

**CARDHOLDER SIGNATURE:** (To be signed by cardholder ONLY)

**DATE:** \_\_\_\_\_