LEAD CONCEPTS, INC. DIRECT MAIL ORDER FORM

REP.	Peter Higham	
peter@leadconcepts.com		

NAME	DATE / /		
ADDRESS	PHONE ()		
CITY/STATE/ZIP	FAX # ()		
EMAIL ADDRESS:			
Lead Concepts Mailer Code: Number of pieces to mail: Demographic Selection: Age range Est If you are not sure what demographics to choose, demographics for you.	timated Income Other		
Geographic selection: List zip codes in order of preferer	nce. List as many as possible incase of conflicts or shortages.		
1. 2. 3. 4. 8. 9. 10. 11. 15. 16. 17. 18. 22. 23. 24. 25. Mailing Cost: To calculate the cost of your mailing, multiply the Quantity Ordered X Cost Per Thousand	20. 21. 22. 28. 27. 28.		
-			
Mailing X	= Mailing Cost Sub Total		
Duplicate List X \$_\$30.00\$ (Optional) If ordering a duplicate list please indicate the output requested □ Galley (paper - \$10.00 S&H) □ Disk (\$10.00 S&H) □ email (No S&H cos □ p/s labels (add \$10.00 per M + \$10.00 S&H) □ 3x5 Cards (add \$15.00 per M to dup. List + \$15.00 S&H)	st) $= $		
Send or Fax Completed Form to: Lead Concepts, Inc. / 1909 E If using Credit Card: American Express Visa	Hereford Dr. / Irving, TX 75038 / Fax (800) 238-0140 MasterCard Discover Diners		
Card #			
Card Holder Name:			
Billing Address on Card if other than above:			