

SBG MORTGAGE LEAD ORDER FORM

MORTGAGE LEADS (.50 EACH) X _____ QUANTITY (MIN 500) = _____

FOR FIRST CLASS ADD .11 EACH X _____ QUANTITY (same) = _____

TOTAL _____

PLEASE LIST COUNTIES TO MAIL IN ORDER OF PREFERENCE:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

Initial here _____ if you want SBG to reorder future request using the same card in the future.
Initial here _____ if you want SBG to set up a reoccurring order. Please specify how frequent and what quantity _____.

I _____ Authorize Secured Benefits Group, to charge my credit card.
(YOUR NAME)

AMOUNT \$ _____ USD CREDIT CARD TYPE _____

CREDIT CARD # _____

EXPIRATION DATE _____

NAME ON CARD _____ (AS IT APPEARS ON CARD)

BILLING ADDRESS _____ (ADDRESS FOR CARD)

SIGNATURE

DATE

FAX OR EMAIL TO:

SECURED BENEFITS GROUP, LLC

STUGRIZZLE@SECUREDBG.COM

FAX: 610-872-1508 ATTN: LEAD ORDER DEPT