

# The Originator Order Form

## Select Lead Criteria

Circle all the types of loans that you are requesting leads for:

Purchase    Refinance    Cash Out    Debt Consolidation    Home Improvement    Seconds    HELOCs

Circle the entire customer declared credit ratings that you are requesting leads for:

Excellent    Good    Fair    Poor

List all the States that you are requesting leads for: \_\_\_\_\_

Special Requests: (Extra\$.) \_\_\_\_\_

Total Number of Leads: \_\_\_\_\_ Maximum per day: \_\_\_\_\_ Days of the Week Desired: S M T W T F S

E-mail address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Broker's License Number: \_\_\_\_\_ SSN: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

## Entire Agreement

I, (Name) \_\_\_\_\_, agree to pay \$45 for every lead that I receive. I may suspend this agreement at anytime by faxing a signed letter of intent to the number below.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Your Signature

## 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)