



Request Form

Lead Requested (check only one) AARP Report
 Social Security Report

Quantity Requested: _____

Agent's Name: _____

Agent's Address: _____

Agent's City: _____ State: _____ Zip: _____

Agent's Phone: _____

Agent's Fax: _____

Agent's E-mail Address: _____ @ _____

Please fulfill order with 1st available listings from the following zip codes:

- | | |
|---------|----------|
| 1 _____ | 6 _____ |
| 2 _____ | 7 _____ |
| 3 _____ | 8 _____ |
| 4 _____ | 9 _____ |
| 5 _____ | 10 _____ |

Upon my signature, I agree to have National Benefit Advisory produce and mail the leads of my choice. I understand that National Benefit Advisory is not liable for the response that an individual may or may not receive. Because production begins immediately, no cancellations or refunds after receipt of order.

Agent's signature

**Fax Request form back to....
360-405-1069 to lock in your zip code!**

Office use only:

Date recieved: _____ Confirmation number: _____ Date order placed: _____

Leads mailed out: _____