



APPOINTMENT ORDER FORM

FAX COMPLETED FORM TO: 877.782.2510

Date _____

Agent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____ Mobile: _____

Type of Appointment you are requesting: Final Expense ___ Life Insurance ___ Other*** ___

If Other, Please specify: _____ # of Appointments _____

I request my order to remain open until all appointments have been fulfilled: **Initials X** _____

Counties where you want your appointments: _____

Qualifying Ques. #1 _____

Qualifying Ques. #2 _____

Qualifying Ques. #3 _____

Check the days and times that you want your appointments for week** of: _____

	Mon	Tues	Wed	Thurs	Fri	Sat
9:00	N/A					
9:30	N/A					
10:00	N/A					
10:30	N/A					
11:00	N/A					
11:30	N/A					
12:00	N/A					
12:30	N/A					
1:00	N/A					
1:30	N/A					
2:00	N/A					
2:30	N/A					
3:00	N/A					
3:30	N/A					
4:00	N/A					
4:30	N/A					
5:00	N/A					
5:30	N/A					
6:00	N/A					



If paying by credit card: (we accept Visa, Mastercard, Discover, & American Express)

Card Type _____ Card Number _____

Expiration Date _____ Last 3 Digits* on Back _____

Name as it appears on card _____

Billing Address _____ City _____ St _____ Zip _____

** On Visa, MasterCard, and Discover cards, this is a 3 digit number that appears in the signature section on the back of the credit card. On American Express cards, this is a 4 digit number that appears above the end of the credit card number on the front of the card.*

By signing below, I agree that all appointment sales are final and that no refunds are given. Any claim that an appointment was bad must be made within 48 hours and will be investigated by the calling center. Final determination is at the sole discretion of the calling center.

Signature _____ Date _____

Number of appointments (10 Minimum) ordered _____ X \$25.00 each = \$ _____.

By signing, I agree to have the amount of \$ _____ charged to my card. Initials _____

If paying by check, make payable to "National Marketing Systems, Inc."

(Fax order form and copy of check to 877.782.2510 and then mail to the address below)

Remit to:

**National Marketing Systems, Inc.
Attn.: Pre-Set Appointments
2011 Gail Avenue
Albany, GA 31707**

Lead orders will be processed 3-4 days after your writing number has been issued and payment has cleared.

**** Orders must be recieved by Wednesday at 5:00 P.M. for the next week**

Please direct any questions to NMS at 229.343.3466.