

Insurance Marketing Systems

Medicare Supplement Leads

Contracted Agent Jan. 2018 Promo*

Order Form

Agent Name: _____

City: _____ State: _____

Phone: _____ Email: _____

Order Details

Demographics: Turning 65 _____ 67-75 _____ Income range: _____

Quantity: _____ Max per week _____ per day _____

Location:

Counties: _____ or

Zips: _____

Price**

Order size

T-65

20-100+

\$9.00 each

You will be emailed an invoice with a PayPal link. An additional 2% of the total price will be added to cover part of the PayPal fee.

*For Agents currently contracted with IMS for Med Supp or submitting a contract with this order.

** Add \$1 per lead for Miami-Dade, Broward, Palm Beach and Pinellas.

Complete and submit via email to: ed@ndinsmial.com or fax to 888-361-2634