



ORDER FORM
Fax to: 863-644-2772

Agent Name: _____ Title: _____
 Company Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone # _____ Fax # _____ Cell Phone # _____
 Agent's Email: _____
 Assistant's Name _____ Email: _____

Restaurant(s) Name & Address	Seminar Dates & Times

Total Quantity Being Mailed: _____

Zip Codes: (Pull names from these zip codes):

Zip Code							
Qty							

Demographic Criteria: Age: _____ Min. Home Value: _____ Min Income: _____
 Other: _____

Window Type: Flag Liberty Marble Butler Summer Compass Winter
Beach Dogwood Other _____

Formal Type: Chess Beach Calculator Navigator Black & Gold
Other _____

Letter Text: _____ OR Use the same as my last order _____

Reservation 800#: _____ Cap for each seminar: _____

Company name to use for reservation calls: _____

List any affiliations to put on letter (i.e. NEB): _____



Cost Sheet

Required:

of pieces mailed *(Per Piece Price Includes 800# Service)*

Window Mailer	_____	x	.____	per piece	=\$	_____
Formal Mailer	_____	x	.____	per piece	=\$	_____

Optional Services:

24/7 Live Operator/800 # *(included in letter/mailed price above)*
(If you are not using our 800# Service – DEDUCT .02 per piece) =\$ _____

Confirmation Calls
 # of pieces mailed _____ x .02 per piece =\$ _____

Mail First Class (delivered in 3-5 days)
 # of pieces mailed _____ x .153 per piece =\$ _____

- List Options**
- Income Producing Assets .02 each = \$ _____
 - Snowbird List Suppression .01 each = \$ _____
 - Phone #'s (Scrubbed against the DNC) .01 each = \$ _____
 - Premium Ethnic Code .01 each = \$ _____

TOTAL: \$ _____

FULL PAYMENT MUST BE RECEIVED AT INTEGRITY MARKETING 4 BUSINESS DAYS IN ADVANCE OF MAIL DATE



PAYMENT INFORMATION

Credit Card Payment Authorization

Company:		Principal Contact:	
Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	

Credit Card Information

❖ Remember to add the convenience charge of:
1 Cent Per Piece

Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> TOTAL CHARGE \$
Card Number _____ Exp. Date: _____
Cardholder Name (as it appears on card): _____
Cardholder Signature _____ Date _____

Statement Billing Address for Card (if different from above address only):

Name _____	Company _____
Address _____	
City _____	State _____ Zip _____

Payment by Check:

INTEGRITY MARKETING, INC.
1717 BEN'S LANE
LAKELAND, FL 33811

Payment by Direct Deposit into our Bank of America Account:

Account information upon request

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