

Collection Agency Lead Program

Please Complete the Form & Fax to: 866-274-0406

Success Marketing, LLC

Tel: 888-542-2936

Email: Results@BestWebPresence.com

1. Collection Agency Business Information

YOUR NAME

BUSINESS NAME

BUSINESS ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

WEBSITE URL: (OPTIONAL)

ANY COMMENTS OR INFORMATION THAT WILL HELP US MATCH YOU WITH THE TYPE OF LEADS YOU ARE LOOKING FOR?

2. Lead Type & Monthly Budget

EXCLUSIVE LEADS: \$45/LEAD

STANDARD LEADS: \$15/LEAD

MONTHLY BUDGET (LEADS PER MONTH) *

PAYMENT METHOD:

MONTHLY INVOICE

CREDIT CARD ON FILE

STATE(S) YOU WOULD LIKE TO RECEIVE LEADS FROM:

3. Requested Lead Profile

COLLECTIONS LEAD TYPE: (CHECK ALL THAT APPLY)

DENTAL

MEDICAL

COMMERCIAL

B2B

No Preference

NUMBER OF PAST DUE ACCOUNTS: (CHECK ALL THAT APPLY)

1 – 10

11 – 20

21 – 30

31 – 40

41 – 50

51+

No Preference

TOTAL OUTSTANDING PAST DUE BALANCE: (CHECK ALL THAT APPLY)

\$500 – \$1,000

\$1,001 – \$5,000

\$5,001 – \$10,000

\$10,001 – \$50,000

\$50,001 – \$100,000

\$100,001 – \$500,000

\$500,001 +

No Preference

4. Payment Information

NAME ON CARD

CREDIT CARD #

SIGNATURE

EXP. DATE

CVV

* Your credit card will be billed for the monthly budget you selected in section 2. If you select "Auto-Bill" your credit card will automatically be re-billed on the 1st day of the following month for your selected monthly budget. Otherwise we will contact you to determine if you would like to purchase another block of leads. You may cancel this program at any time. Simply fax or email your request to our office. Any funds remaining in your account balance will be refunded to you within 10 business days of cancellation.