

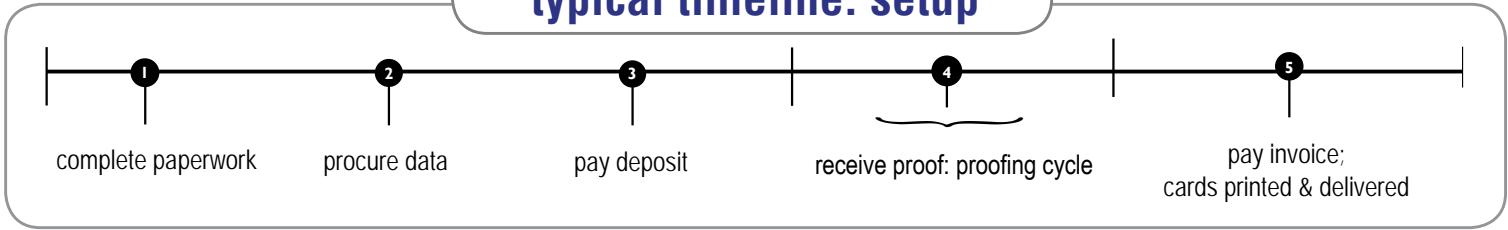


Marketing by Mail

www.marketing4insurance.com
 service@marketing4insurance.com
 (800) 543-5439
 (866) 444-2608 fax

Custom/Commerical Mailing: Contract Form

typical timeline: setup



Custom / Commerical Overview

1. Fill out this form and fax it to us.
2. Procure data and send us the file via email. (State insurance licensing boards are a good source.)
3. Pay the \$75 deposit. (This deposit is refundable on your 3rd mailing, providing that it is completed within 6 months.)
4. Participate in the proofreading/revision/approval process for the mail piece.
5. **The setup is done!** Fill out and fax back the invoice for the postcards and postage.

First	Last	
Company	Agency Name	
Street		
City	State	Zip
Phone	Fax	
Cell	License #:	
Email (required:)		
<p><i>Email is a critical communication line for us. Please provide a reliable address that you check at least weekly. See 'Other Conditions,' below.</i></p>		

terms and conditions

Although there is no specific minimum duration for agent recruiting postcards, we do refund the \$75 setup deposit to the third mailing made within six months.

DISCLAIMER

The direct mail solicitation marketing supplied under this contract and license come without warranty of any kind, express or implied. Under no circumstances shall MARKETING by MAIL, INC. be held liable for any damages whatsoever arising out of the use of, or inability to use this product, including but not necessarily limited to, damages for loss of business profits, business interruption, or business information.

The licensee is responsible for gaining appropriate

approvals, IF REQUIRED, from their insurance company representative for their marketing design. It is understood that Marketing by Mail, Inc. is acting as a supplier of marketing to the licensee, and that we shall not be held liable for any act or actions, or failure of actions upon the part of the licensee to act in accordance with instructions of their insurance companies.

Although we might be providing our marketing to other licensees, the licensee named in the contract shall not presume that their specific marketing has been pre-approved or endorsed by any specific insurance company. The individual licensee is to gain any necessary approvals for their specific design.

OTHER CONDITIONS

The licensee understands that the fee charged includes postage. If the U. S. Postal Service raises the postage rate, the licensee agrees to a fee increase proportional to the postage rate change.

Licensee agrees to check their email at least weekly, and to return correspondence within five working days.

Licensee agrees to pay a deposit of \$75.00, to be refunded against the third mailing, provided that the third mailing is performed within six months of the first mailing.

Although it's almost never needed, MBM, Inc. reserves the right to levy reasonable and customary fees for extra data processing or design changes that are well beyond typical.

I certify that I have read, understood, and agree to the terms above.

Signature: _____

Date: _____ Title: _____



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Custom/Commerical Mailings: Card & Mailing Preferences

Order Form

Use Logo? <input type="checkbox"/> Yes <input type="checkbox"/> No	if YES, please e-mail it to us. There is no extra fee for this service. We do not file corporate logos; you must supply any artwork you'd like to appear on the card.			
Use Photo? <input type="checkbox"/> Yes <input type="checkbox"/> No	if YES, please e-mail it to us. There is no extra fee for this service. The photo should be at least 4" at 72 dpi or 1" at 300 dpi.			
What is the design style #? (e.g. AR_DP_001 from website)				
Which marketing piece?	<input type="checkbox"/> Deluxe postcard (5.5 x 8.5")	<input type="checkbox"/> SUPER deluxe postcard (5.66 x 11")	<input type="checkbox"/> Letter [min 500]	<input type="checkbox"/> Other
UV Glossy Coating Option (postcards only)	<input type="checkbox"/> One Side		<input type="checkbox"/> Both Sides	
Mailing Options:	<input type="checkbox"/> Add postage, mail for me		<input type="checkbox"/> Print & Ship to me	
Mail how often? (e.g. every month, every other month, etc.)				
Target monthly mail date: (e.g. 15th of the month)				
Your marketing message - Describe additional language you'd like on the postcard design. What are you offering? What are the benefits to the recipient of this postcard? How should they reach you? Any "hot button" items?				

OK, what next?

1. We'll invoice you for the \$75 deposit, to be refunded on your third mailing, provided it's done within six months.
2. When that's paid, we'll design a marketing piece based on your specifications, and email an exact electronic copy - a 'proof' - for your close scrutiny. You can make revisions via fax or email, or provide written approval.
3. When we receive your data, we'll process it to USPS automation standards, and issue you an invoice for the first mailing based on the final count.
4. Once we've received payment and written approval of the mail piece, we'll print, coat, cut, and tray, and deliver the cards to the post office. This takes 2-5 working days.
5. We'll invoice you and mail again, based on your schedule.



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Custom/Commercial Mailings:
Automatic Billing Authorization

Optional (but recommended)
For security purposes, **DO NOT EMAIL** this form.

I, _____, **authorize Marketing by Mail, Inc. to bill my credit card for the mailing of my custom postcards, based on the schedule specified on the prior page.**

I authorize Marketing by Mail, Inc. to automatically charge my credit card, using the card listed below for my direct mail marketing campaign. I authorize Marketing by Mail, Inc. to process each payment on the billing date stated earlier. I understand that it is my responsibility to notify Marketing by Mail, Inc. of any changes to this agreement or cancellation of this agreement prior to the billing date.

Credit Card Billing Name & Address (address to which credit card bill is sent)

Check here if your billing address is the same as your business address

Name (As it appears on the card)

Street:

City:

State

Zip:

Phone

Fax:

Credit Card Information

Circle Credit Card: VISA Mastercard American Express Discover

Credit Card #:

Expiration Date:

CVV# (3-4 digits, near signature area. required.) :

Your Signature:

_____ date