Print Form

Coordinated Concepts, LLC

SEMINAR ORDER FORM

SALESPERSON: _____ FAX: 916-965-5418 PHONE: 800-451-2351

CONTACT INFORMATION:

Everything in BOLD is required.

Agent Name: _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ *(Valid email is required.)*

Name For Phone Script: _____
(Your name or company name to be used in greeting callers.)

Name Pronounced: _____
(Help us say it correctly i.e Jose = Ho-zay)

Title: _____

Assistant Name: _____

PO Number: _____

Phone: _____

Fax: _____

NMO/FMO: _____

Add'l Email For Results Notification:
_____

MAILING LIST:

AGE

Choose the age range below that best fits your target demographic or fill in your specific age range in the bank below.

☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 35+ ☐ 45+ ☐ 55+ ☐ 65+ ☐ 75+ ☐ _____ *(Example: 62-78)*

INCOME SELECTION

Choose the income type and then the range below that best fits your target demographic. If you would to add more than 1 type, please add .02 per mail piece price per selection.)

HOUSEHOLD INCOME:

☐ $30K - $39K ☐ $40K - $49K ☐ $50K - $74K ☐ $75K - $99K ☐ $100K - $124K ☐ $50K+ ☐ $75K+ ☐ $100K+

☐ RANGE _____ *(Additional Charges May Apply - Example: $35k+)*

NET WORTH:

☐ $50K-$74K ☐ $75K-$99K ☐ $100K--$149K ☐ $150K-$249K ☐ $250K -$499K ☐ $500K-$749K ☐ $750K-$999K ☐ $1M+

IPA (INCOME PRODUCING ASSETS):

☐ $25K-$49K ☐ $50K-$74K ☐ $75K--$99K ☐ $100K-$249K ☐ $250K -$499K ☐ $500K-$749K ☐ $750K-$999K ☐ $1M+ ☐ $2M+

ADDITIONAL SELECTIONS

☐ Homeowners (Please add .02 per mail piece for this selection)

☐ Phone Numbers (Quote required): SAN ID: _____

☐ Specialty Mailing Filters (Quote required): _____

ZIP CODES

Please place the zip codes or counties that you would like to target on the lines below. We will search within those zip codes using the criteria above to find your mailing list.

_____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____

or _____ mile radius from address _____

By submitting this form, you understand and agree to the following: The mailing list used will be created using the criteria listed in Sections 1A-1C and that this mailing list CANNOT be 100% accurate and deliverable due to many uncontrollable variables including the US Postal Service. Furthermore, mailings may not reach100% of the targeted population in any area and delivery dates are projected based upon past experience, but cannot be guaranteed. Delivery via First-Class mail is much more predictable than Standard Mail and we recommend this upgrade when time frames are short or critical. All age and income information used to process this mailing list may be delivered by utilizing self reported information, census data, as well as projected data based upon formulas and other unique sources. Weare not responsible for checking other zip codes or counties or duplicate mailings by other individuals or organizations. No exclusive zip code or county reservations are offered at any time.

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MAIL PIECE SELECTION: *If you have questions about the type of mailer that you should choose, please contact Us.* _____

WEDDING STYLE FORMAL INVITATIONS

☐ Classic Black ☐ Classic Blue ☐ Patriot Flags ☐ Lady Liberty ☐ Keys ☐ Venetian ☐ Boomers
☐ Golden Years ☐ Sonoma Burgundy ☐ Equity Unleashed ☐ Elite Advisor Blue ☐ Elite Advisor Gold
☐ Custom Invitation (Additional Charges May Apply) _____ Size: _____ x _____

RSVP Service (Additional fee $385): ☐ Yes ☐ No, please use this number for reservations:_____

_____

LETTER INVITATIONS

☐ Classic Black ☐ Classic Blue ☐ Classic Gold ☐ Boomers ☐ College Funding ☐ Keys To Retirement
☐ Custom Invitation _____

ENVELOPE STYLE

☐ Insta-lope: Includes a bio insert and menu insert that pops out of the envelope.
☐ Apex Premier: Includes a bio insert.

RSVP Service (Additional fee $385): ☐ Yes ☐ No, please use this number for reservations:_____

_____

POSTCARD INVITATIONS

☐ **4.25x6** ☐ **5.5x8.5**

☐ Classic Black ☐ Classic Blue ☐ Patriot Flags ☐ Keys ☐ Boomers (Oversized 6x11)
☐ Missed Fortune ☐ High Impact ☐ Word Card (Yellow or Blue)
☐ Custom Postcard (Additional Charges May Apply) _____ Size: _____ x _____

RSVP Service (Additional fee $385): ☐ Yes ☐ No, please use this number for reservations:_____

MAIL PIECE & RSVP INFORMATION

LICENSING & SECURITIES INFORMATION (Check all that apply):

☐ NO – I do NOT need a securities disclosure or my state license number on my mailing.
☐ YES – Please place a securities disclosure on my mailing. (Attach disclaimer to this form or email to your sales person.)
☐ YES – I need a state license number on my mailing. License # _____

CERTIFICATIONS (Check all that apply):

☐ CFP ☐ ChFC ☐ CLF ☐ BBB ☐ CLU ☐ CSA ☐ LUTC ☐ Other:_____

ETHICS BUREAU (Include Logo): ☐ Yes ☐ No

ADDITIONAL DIRECT MAIL OPTIONS (Check all that apply. Subject to additional fees and charges):

☐ First Class Postage (.10 each) ☐ 1/3 Page Color Bio (.04 each) ☐ Full Page B&W Bio (.03 each) ☐ Reply Cards (.03 each)
☐ B & W Restaurant Logo on Envelope - same side as address ($25) ☐ Menu Insert (.04 each)

RSVP CUSTOM QUESTIONS: **If you don't want defaults please choose 2 questions that will be asked to prospects when they call in.**

DEFAULT: What is your number one financial concern?

☐ What concerns you most about your retirement?
☐ Are you currently paying taxes on your Social Security?
☐ Do you currently have any money invested in the stock market?
☐ Are you a retiree or pre-retiree?

DEFAULT: Are you concerned about having enough money to last through retirement?

☐ Are you currently paying taxes on your retirement?
☐ Do you currently pay taxes on your money invested in CD's?
☐ Do you live off any other types of income besides Social Security?

Return Address: **(To Be Printed On The Mailer)**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

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SALESPERSON: _____ FAX: 916-965-5418 PHONE: 800-451-2351

MAIL PIECE INFORMATION

☐ **REPEAT CUSTOMER:**

- ☐ Use previous invitation EXACTLY, except for dates or minor changes - fax over letter with changes when you submit your order.
- ☐ Completely NEW or ADJUSTED content.

☐ **NEW CUSTOMER**

Seminar Title: _____ Mail Quantity: _____ # of Extras for Office: _____

Seminar Focus: Select all that apply.

☐ Retirement ☐ Annuities ☐ Equity Management ☐ Reverse Mortgage ☐ IRA ☐ 401k
☐ College Planning ☐ Insurance ☐ Long-Term Care ☐ Other: _____

SEMINAR 1

Seminar Date (month/date): _____/_____

Day of Week: _____ (Tues, Wed, Thu are Best!)

Location: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Starting Time: _____ AM PM (Dinner Recommended)

Room Capacity: _____ Overflow: _____

SEMINAR 2

Seminar Date (month/date): _____/_____

Day of Week: _____ (Tues, Wed, Thu are Best!)

Location: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Starting Time: _____ AM PM (Dinner Recommended)

Room Capacity: _____ Overflow: _____

SEMINAR 3

Seminar Date (month/date): _____/_____

Day of Week: _____ (Tues, Wed, Thu are Best!)

Location: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Starting Time: _____ AM PM (Dinner Recommended)

Room Capacity: _____ Overflow: _____

SEMINAR 4

Seminar Date (month/date): _____/_____

Day of Week: _____ (Tues, Wed, Thu are Best!)

Location: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Starting Time: _____ AM PM (Dinner Recommended)

Room Capacity: _____ Overflow: _____

CHECK LIST OF ITEMS FOR ORDER COMPLETION

Please make sure and get the following items to us as quickly as possible to process your order if the item is applicable:

☐ Complete Biographical Insert Form ☐ High Resolution Photo For Bio (300 dpi jpeg) ☐ Content & Bullet Points For Mail Piece
☐ High Resolution Logos For Restaurant & Certifications (300 dpi jpeg) ☐ Security Disclosures

☐ CHECK HERE IF DIRECT MAIL IS REQUIRED TO BE REVIEWED BY COMPLIANCE BEFORE MAILING (Add 14 Days to Mail Timing)

NOTES AND SPECIAL INSTRUCTIONS:

_____

_____

_____

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PAYMENT

Full Payment Is Required When Final Mail Piece Is Approved

☐ Visa ☐ MasterCard ☐ American Express

☐ Check – Mail overnight, payable to Coordinated Concepts, 9712 Fair Oaks Blvd Suite A. Fair Oaks CA 95628

Credit Card #: _____ Expiration Date: _____ / _____ Verification Code: _____

Name (As it appears on card): _____

Card Billing Address: ☐ Same as Contact Address

Address: _____ Billing Zip Code: _____

Amount Due: $ _____ Cardholder's Signature: _____

By signing above, I represent I am an authorized signer on the credit card listed and hereby authorize Coordinated Concepts to charge my card in the amount shown and I understand and agree that all mailing lists are created from national consumer information compiled by only the most reputable US firms and rates are for single, one-time use only. Lists supplied cannot be 100% accurate, and mailing lists used may not be 100% deliverable. Additional filters for demographics are available at additional costs. Results of this mailing are not guaranteed.

Pieces Mailed	X	Rate/Piece	=	TOTAL
_____	X	_____	=	$ _____

Optional Upgrades:

RSVP Service	$_____
Logo on Envelope with Address ($25)	$ _____
Menu Insert (.04 each)	$ _____
First Class Postage (.10 each)	$ _____
Tickets (.04 each)	$ _____
Color Bio (.04 each)	$ _____
Full Page Bio (.03 each)	$ _____
Reply Cards (.02 each)	$ _____
Additional Ink Color: (.02 each color)	$ _____
Specialty Mailing Filters (Custom quote)	$ _____
Custom Artwork (Quote Required)	$ _____
TOTAL of UPGRADES	$ _____
Sales Tax 8.3% (AZ Residents Only)	$ _____

TOTAL INVESTMENT: $ _____

INTERNAL USE ONLY

G#: _____

Order Number: _____

NMO/FMO Name: _____

Agent Signature: _____ Date: _____

By signing this order form, you agree to the information on all 4 pages that you have submitted. You also agree that if you cancel this order after the approval has been received that you will incur a minimum $500 cancellation fee up to no refund due to printing and processing costs incurred. You also agree that by signing this order form you take full responsibility for complying with and communicating to Coordinated Concepts all state or federal laws regarding marketing, license or disclosures requirements.

FAX COMPLETED ORDER FORM TO **(916) 965-5418**