

**Pre-Paid Legal Services[®], Inc.
FRAN TARKENTON
POST CARD & PERSONALIZED VOICE MAIL ORDER FORM**

Check One: **SMALL BUSINESS** **RECRUITING – INSURANCE AGENTS**

SHIPPING INFORMATION (Address where postcards will be delivered - No P.O. Boxes)

Associate Name: _____ Associate #: _____

Address: _____ City: _____

ST: _____ Zip: _____ E-Mail: _____

Phone: (_____) _____ Fax: (_____) _____

- ❖ **Your Connect Me*, Toll-Free Number printed on Post Card:** (_____) _____
- ❖ **Name to be printed on Post Card:** (First) _____ (Last) _____
- ❖ **Fax # to send Post Card proof to:** (_____) _____

<p><i>Return Address to appear on the Post Cards:</i> <input type="checkbox"/> If same as above</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ ST: _____ Zip: _____</p>

Quantity Ordered:

<input type="checkbox"/> 500	\$	135.00
(+SHIPPING)	\$	9.50
	\$	144.50

Order Total \$ _____

(If ordering in GA, add 7% sales tax) \$ _____

TOTAL \$ _____

<p>To acquire your Connect Me, Toll-Free #, Complete subscriber agreement and fax to 732.786.9044.</p>

Payment	
<p style="text-align: center;">Credit Card</p> <p style="text-align: center;">(circle one) MC DISC VISA AMEX</p>	<p>Check Number: _____</p> <p>Make checks payable to: Small Business Support Center</p> <p><i>There is a \$20 fee for all returned checks.</i></p>
<p>Credit Card Number: _____</p>	
<p>EXP: _____ Signature: _____</p>	
<p>Billing Address <input type="checkbox"/> If same as above</p>	
<p>Name: _____</p>	
<p>Email Address: _____</p>	
<p>Address: _____</p>	
<p>City/ST/Zip: _____</p>	
<p>Phone: (_____) _____</p>	
<p>Return order form by fax (404-365-8807) or mail (Small Business Support Center, 3340 Peachtree Rd, NE, Ste 2570, Atlanta, GA 30326).</p>	