

Fax List Order Form

www.admaxmarketing.com

PRINT THIS FORM

<u>Quantity</u>	<u>Cents Per Record</u>	_____ Number Ordered
1,000+	¢3 (\$.03)	
10,000+	¢1.5 (\$.015)	X _____ Price Each
50,000+	¢.5 (\$.005)	
5.5 Million	\$1500.00	\$ _____ Total Purchase Price

Please check the following that you want on your list: (Only a portion of our lists contain full fields)

____Fax # ____Phone# ____Company Name (Not available on many lists - Call for details)

Please indicate how you would like these files saved: (file type you prefer)

____.txt (text) ____ .xls (excel) ____ .dbf (dbase) ____ .tab (ascii) ____ .csv (comma separate)

Please Detail List Requirements:

Area Code(s) / Cities _____

Business Type(s) _____

Credit Cards. All information on this form must be completed. Fax this Signed form to: **603-994-1746**

VISA____ MC____ Discover____ (check one) ** AMERICAN EXPRESS w/PAYPAL Only

Card Number _____ **Ex. Date** _____

Name on Card _____

C.V.V. # (required) _____ (3-digit verification number in reverse italics on the back of your card)

Billing Address _____ ST____ Zip _____

Phone Number _____ Fax Number _____

Email address to receive list _____

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I authorize AdMax Marketing (dba Kangen Wellness) to debit my account for the purchase amount indicated above. I understand that I understand that these lists are non-refundable once I have taken possession. I agree to waive the requirement for a physical signature confirmation of delivery, if receiving my list via email. I understand that advertising response rates vary due to many factors, and that AdMax Marketing can not; therefore, does not guarantee sales or response.

I agree here to waive the requirement for a physical imprint of my credit card, as I'm making this purchase from my home or office, via facsimile machine.

CARDHOLDER SIGNATURE

DATE

NOTE: No credit card orders will be processed without this signed order form.

www.admaxmarketing.com / dba Kangen Wellness

951-303-3471

- NOTE: No orders will be processed without this signed order form.
- NOTE: Your credit card statement should read "Kangen Wellness" for this purchase.