

**PRINT THIS FORM**

<u>Quantity</u>	<u>Cents Per Record</u>	_____	<b>Number Ordered</b>
1,000+	¢3 (\$.03)		
10,000+	¢1.5 (\$.015)	X _____	<b>Price Each</b>
50,000+	¢.5 (\$.005)	\$ _____	<b>Total Purchase Price</b>
<b>More: Call for quote</b>			

**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 \_\_\_\_\_ \*\* AMERICAN EXPRESS & DISCOVER 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 \_\_\_\_\_

## List Order Form - Page 2

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.

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**CARDHOLDER SIGNATURE**

**DATE**

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

[www.admaxmarketing.com](http://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.