

Low Cost Solution Order Form

please print, complete and fax back to (866)-669-1081

Lead Description: Credit Repair, real estate -credit reject - exclusive	# of Leads: 25
Price per Lead:\$12.00	Total:\$300
Comments:	

Company Name:	
Contact Name:	
Phone Number:	
Fax Number:	
Email Address:	
Street Address:	
City, State, Zip:	

Note: We cannot place you on the schedule until we receive your payment and order form.

I agree to pay Low Cost Solution via check for lead generation services as described herein.

By signing below, I agree and abide to the terms set forth. Paying via check-by-fax, I authorize LowCostSolution to use check drafting as the method of payment for lead generation services. By signing below, I agree to the terms of service. I realize that no signature is needed on these checks and that if I dispute a charge through my bank that this will constitute a breach of contract and result in immediate action and termination of the advertising campaign. Low Cost Solution provides no results guarantee. Unless otherwise mentioned, all leads are exclusive for 15 days and will contain a valid Telephone number. Leads with disconnected, out of service, wrong telephone number, bogus name, all secured debt or didn't apply, may be exchanged on a 1 to 1 ratio. These are the only acceptable criteria for replacement of leads. Leads for replacement must be returned within 7 days of purchase in order for credit to be given. In periods of low volume credits may be provided in old lead equivalents. Bad leads must be returned in the original spreadsheet with the original ID number and with a notation as to reason for credit. Customer is responsible for adhering to any and all "Do Not Call" regulations. All orders are filled on a "best effort" basis and no guarantee is made that specific delivery dates and/or order volumes can be filled. Any state exclusions must be noted in the form above.

Signed and Agreed:

Print Name: _____ **Position:** _____

Signature: _____ **Date:** _____

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Authorization Form

I _____ (print full name) authorize Low Cost Solution to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

Please Check One Box (required)

- This authorization is valid for this transaction only.
The transaction amount will be \$ 300.00 (transaction amount required)
- This authorization is valid for [yearly] [quarterly] [monthly] [weekly] (circle one) transactions, the transaction amount will be \$. (transaction amount required)
- This is an open authorization to allow debits to my account for amounts which will vary per transaction based on the order amount.

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between Low Cost Solution and (_____).

I understand that all returned checks are subject to a \$25.00 NSF Fee. This agreement will remain in effect until Low Cost Solution receives my written notice of cancellation via mail, fax or email.

Authorized Accountholder Signature (required)

Date (required)

Attach Your Check Here (required)

Then Fax To 1-866-669-1081

LowCostSolution
San Jose, California