

Medicare Supplement Lead Co-op Order Form

Savers Marketing

Name: _____ Date: _____

Method of Payment: _____

Client Name	Carrier	Effective Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Zip Codes for Lead Order (in order of preference):

1. _____ 2. _____ 3. _____

Send to: Brandy Blake

800-642-0483, ext. 102

brandyblake@saversmarketing.com

336-831-2047 (fax)