



AMERIESTATE LEGAL PLAN, INC.

MARKETING SUPPLIES ORDER FORM

Fax to: 562-296-9760

ISR/Agent Name: _____ Company: _____

Send to Address: _____
CITY STATE ZIP

Phone:() _____ Please allow 3 to 5 days for normal delivery Fax:() _____

#	Item Description	Unit Cost	Quantity	Total
1	Sample Estate Plan- <u>Revocable Living Trust Portfolio</u> Specify state: AZ CA TN VA	\$50.00 ea	_____	\$_____
2	<u>Client Pack</u> the #1 Sales Tool for the professional selling Estate Planning services! <i>Includes:</i> <u>Large Color 8 PG Estate Planning Sales Brochure</u> That provides your clients: detailed information about Estate Planning, how our Legal Plan offers them quality and value, the Services available to them, how to Get Started with You, Bio's on the Provider Attorney's in <i>all</i> States and Customer Testimonials. <u>And the Client Application & receipt forms</u> All the forms needed to submit a new client for services. 1. Estate Planning Factfinder 2. Review Questionnaire 3. Legal Plan Membership Agreement & Receipt (carbon form) 4. Legal Plan Services Disclosure Auth & Receipt (carbon form) 5. ISR/Agent Client Intake <i>(These 5 forms are available as interactive Adobe PDF's for N/C)</i>	\$ 1.50 ea	_____	\$_____
3	<u>Large Color 8 PG Estate Planning Sales Brochure</u>	\$ 1.00 ea	_____	\$_____
4	<u>Client Application & receipt forms</u> All the forms you need to submit a new client for services	\$.75 ea	_____	\$_____
5	<u>Estate Planning & Asset Protection Strategies</u> (Color tri-fold pamphlet) the perfect sales tool for prospecting clients, a great leave behind, displayed on a desk or in a lobby kiosk.	\$.25 ea	_____	\$_____
6	<u>AmeriEstate Sales Agent Color Presentation Folio</u> For the client you wish to impress. A beautiful, color, heavy card stock folio that holds up to 50 pages of your client presentation or documentation adding credibility to your offering.	\$.95 ea	_____	\$_____
7	<u>Estate Planning Living Trust Color Presentation</u> <i>Available in:</i> Download Color Presentation Book CD	\$ N/C \$50.00 ea \$10.00 ea	_____ _____ _____	\$_____ \$_____ \$_____

PAYMENT INFORMATION:

CASH \$ _____ CHECK \$ _____ CC \$ _____

CARD # _____ EXP DATE _____

Name _____

Street number and zip code of cardholder _____

Check the appropriate line if applicable:

_____ Agent mailing check _____ Agent Invoiced _____ Agent authorizes deduction from commission check

AMOUNT DUE: \$ _____

SHIPPING/HANDLING: \$ _____

TOTAL AMOUNT DUE: \$ _____

SIGNATURE: _____

DATE: _____