

Reed's Newspaper "Tear-Sheet" System EASY Enrollment Form

O.K., Reed! Set me up with your "Newspaper Tear-Sheet" Direct Mail Mortgage Marketing System...

- I Want The "Tear-Sheet" Direct Mail Mortgage Marketing System Package!** With this comprehensive system, I will receive **10,000 Copies of the Mailer**, 3 audio tapes entitled, "How To Turn Leads-2-Applications", "Mortgage Professionals Reveal Amazing Money Making Secrets", "The Top 10 Mortgage Advertising Mistakes", The Ultimate Marketing Plan by Dan Kennedy, Reed's Mortgage Ads, Special Reports, and forms on disk...Also included: Consultation, Printing, Plate Fees, Ad Layout and Set-Up, **Plus, I get the Bonus Support Service Package!** *Note: The more copies you order, the more you save!*

_____ **10,000 Tear-Sheet Copies...** Total Value: \$4,027.00! **My Investment is only \$1,797!**
_____ **20,000 Tear-Sheet Copies...** Total Value: \$5,727.00! **My Investment is only \$2,597!** *A savings of \$997!*
_____ **30,000 Tear-Sheet Copies...** Total Value: \$7,524.00! **My Investment is only \$3,197!** *A savings of \$2,194!*

- I Need A List!** - Please help me with a purchase of homeowner "select" list. Note, I own and get possession of the list and you will **ONLY** use this list for my mailings! Call for list pricing on larger list orders. **Please check one of the options below.**
_____ **10,000 records is only \$1,300** _____ **20,000 records is only \$2,300** _____ **30,000 records is only \$3,000**
(*Prices are subject to change if default list specification changes are requested by client)

- I Need A "Hotline" 800 Recorded Message Line** (Required for guarantee): With this service; I get my own toll free number with: call capture, web access, pre-recorded greeting and scripted with 4 different mortgage service messages. **My Investment is only \$297!**

- 1st Mail Drop Amount** (2,500 min per drop @ .90 each): 2500 5,000 7500 10,000 Example: 5,000 @ .90 = \$4,500.
[I'd like to have my Tear-Sheets torn, folded, stuffed, stamped with 1st class postage, sorted, handwritten addressed envelope and handwritten personalized post-it note. A minimum monthly mailing of at least 2,500 Tear-Sheets is required until this campaign is completed.]

- I will be preparing and doing all letter shop services myself and I realize by selecting this option I void any guarantees and that an extra \$300 per 10,000 - Tear-Sheets will be added to the cost of my program for tearing and S&H of the mailers.

Fax to our 24-Hour Order Line at: 910.485.3524 Or Call in your order to: 910.484.5216 M-F, 12-7 EST

Method of Payment:

- Check enclosed for \$_____ (make payable to RHPInc & Mail to: RHPI, 2413 Morganton Rd, Fayetteville, NC, 28303)
 Visa MasterCard American Express Discover

You Can Use More Than One Credit Card - If Paying With Check, Signature Below Authorizes Bank Debit

Card Number 1: _____ Exp. Date: _____

Card Number 2: _____ Exp. Date: _____

Name (as on card): _____ DOB: _____
Month Day

Company Name: _____ Position: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Tel: (_____) _____ Ext: _____

Cell # (_____) _____ Fax: (_____) _____

Home #: (_____) _____ E-Mail: _____

Authorization: Please read and sign. This agreement contains all of the covenants and agreements between the parties with respect to RHPI'S mail program for the above listed print quantity. Each party to this contract acknowledges that no representatives, inducements, promises, or agreements have been made by or on behalf of any party except those covenants and agreements embodied in this agreement. I understand that I have permission to use RHPI'S copyrighted artwork for this campaign only. I release RHPI from any liability and indemnify RHPI against any liability that may result from their mailing of said artwork. I authorize RHPI to charge the above amounts and by signing this agreement will not dispute the charge. I also agree and understand all orders are FINAL and not refundable in any way. This campaign must be completed within 90 days of this date OR could be subject to a future price increase. * At least 2,500 Tear-Sheets must be mailed monthly until this campaign is completed or \$2,250 will automatically be charge (each 30 days from this date) and the mailers will be shipped to you, fully prepared, to be mailed when you are ready. If scheduled payment is declined or is not received within 45 days of payment or client voluntarily defaults the remaining stored Tear-Sheets will be destroyed or after a \$500 cancellation/default charge is collected can be mailed to client.

Signed _____

Date: _____

AUTOMATED MARKETING SOLUTIONS

U.S. Enrollment Form

AMS Representative: Pat Simmons ext: 125

Group Referral: RHPI

CLIENT INFORMATION

(Please Fully Complete Information Below)

Subscriber's Name: _____ Sign up Date: _____
Company Name: _____ Contact Name: _____
Billing Address: _____ City: _____
State: _____ Zip Code: _____
Business Phone #: (____)____ - _____ ext.____ Bus. Fax#: (____)____ - _____
Home Phone #: (____)____ - _____ Cellular#: (____)____ - _____
Pager #: (____)____ - _____ Does Your Pager accept Voice Msgs: _____
E - Mail: _____

LEAD GENERATION HOTLINE

One Time Activation: \$297.00

Monthly Service Fee: \$29.95

EXTRA HOTLINE FEATURES

(Please check all desired services)

- | | |
|---|---|
| <input type="checkbox"/> Professional Transcription Service of all messages.
Per Message: \$0.50, Minimum Monthly Fee: \$25 | <input type="checkbox"/> Pager Notification (Included) |
| <input type="checkbox"/> Web Reporting Services: (Included) Get Detailed
Caller Activity, and Billing Reports On-Line!! | <input type="checkbox"/> Find Me Activation (Included) |
| | <input type="checkbox"/> Record your scripts (\$10.00 each) |

HOTLINE TOLL FREE RATES

0 to 500 minutes \$0.24 cents per minute;
501 to 1000 minutes \$0.22 cents per minute;

1000 minutes and up \$0.20 cents per minute;
30 second minimum billing, 6 second billing thereafter

TERMS & CONDITIONS

AMS does not take responsibility for any toll-free charges to your line, the success of your advertising or the continued operation of your line if your account becomes past due. Upon activation, every client will receive a complete outline of AMS' terms and conditions, and is responsible to read, understand and comply with those terms. Service will be charged to the client for the upcoming month, and upon activation clients will be charged a prorated amount for the current month, as well as the service fee for the upcoming month. **Pre-paid Service** is non-refundable. Upon expiration of pre-paid service term, client will be placed on monthly billing at AMS' current published rates.

PAYMENT METHOD

Card #: _____ Expiry Date: _____ Visa Amex M/C
Cardholder's Name: _____
Authorized By: _____ Date: _____
Customer's Signature

Fax Completed Form Back to 910-485-3524

Or call 910-484-5216

Attention Important Information

**Regarding monthly service charges for your Toll Free Hotline
Please read carefully**

Automated Marketing Solutions (AMS) is providing you with a telephone number as part of your RHPI Marketing Package. If you decide to discontinue use of this package you must contact AMS by fax to cancel the telephone number.

AMS does not know when your advertising campaign begins and we do not know when it ends. We cannot discontinue your telephone number without written consent from you.

Please call us for a cancellation order to be faxed to you. You are responsible for all monthly charges and service charges until we receive your written consent to cancel your service with AMS. Please sign below to acknowledge receipt of this information.

Customers Signature:.....

Date:.....

**Automated Marketing Solutions
Tel: 1 800-858-8889
Fax: 1 800-858-5753**

LIST SELECTS

O.K., Reed! Order a list for me to use for the Newspaper Direct Mail Tear-Sheet Program. I understand that this list will become my property and upon signing this order my credit card will be charged .13 per record for 10K records [\$1,300], .12 per record for 20K records [\$2,400] or .10 per record for 30K records [\$3,000]. **On that basis, here's my order:**

DESCRIPTION	EXAMPLE	WHAT I AM ORDERING
LIST TYPE	SUBPRIME	
NUMBER	20K	
STATE	CA	
1st CHOICE 2nd CHOICE 3rd CHOICE 4th CHOICE	LOS ANGELES CO. SACRAMENTO CO. ORANGE CO. RIVERSIDE CO.	
SEASONING (since last refinance)	18 MONTHS	
MESSAGE	FULL RECORDS, LENDERS NAME, NO DUPLICATES	
LOAN AMOUNT 1st CHOICE	MINIMUM LOAN VALUE 100K	
LOAN AMOUNT 2nd CHOICE		

We will make every effort to fulfill your first choice. If there are not enough records in your first choice to fill your order, please check below the area of your list select you would prefer to adjust.

<ul style="list-style-type: none"> ➤ Broaden Geography _____ ➤ Lower minimum loan value _____ 	<ul style="list-style-type: none"> ➤ Adjust seasoning _____ ➤ Adjust loan type _____
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PAYMENT TYPE Card #: _____

- Visa
- Master Card
- Discover
- Amex

Exp. Date: _____

Name (print): _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Email: _____ Mobile Number/pager: _____

Signature: _____

Fax this form back to 910-485-3524 or call 910-484-5216