

Office use only – do not write in this are	a
Date received:	
Processor Initials:	_

GEOGRAPHICAL MAILING REQUEST (Standing Weekly Order)

Date:						
Circle One:	New Change		Name:			
Geographica	al Information:					
State:						
Counties:	FIPS CODE	# of leads *		Counties:	FIPS CODE	# of leads *
	•	***Miı	nimum nı	ımber of Lead	s - 5 ***	
Check I	Here if you do <u>not</u> wish				-	
Special Red	quests: (Requires N	AA Authorizat	tion)			
NA A Autho	rized Signature		vate			
	Č			awaat farma whar	a avacuted by myssel	fand an authorizad
representativ	understand that this Ove of NAA, becomes of the original agree	a written ame				r and an authorized Agreement. I remain bound
Distributor S	Signature		Date			
Fax comple	eted form to 1-888-	856-5329				
	Contact your Team	Leader with an	y questions	concerning this ag	reement.	