

Creative Innovations Marketing  
Full Service Fax Broadcasting Order Form

(Please Print Clearly)

**Customer Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** (\_\_\_\_\_) \_\_\_\_\_ **Fax #:** (\_\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please Select Quantity**

- |                          |   |                       |                       |                  |       |
|--------------------------|---|-----------------------|-----------------------|------------------|-------|
| <input type="checkbox"/> | 1000 - 5000   | \$ 80.00 per thousand | (.08 cents per page)  | Quantity Ordered | _____ |
| <input type="checkbox"/> | 5001 - 10000  | \$ 75.00 per thousand | (.075 cents per page) | Quantity Ordered | _____ |
| <input type="checkbox"/> | 10001 - 25000   | \$ 70.00 per thousand | (.07 cents per page)  | Quantity Ordered | _____ |
| <input type="checkbox"/> | 25001 +   | \$ 65.00 per thousand | (.065 cents per page) | Quantity Ordered | _____ |
| <input type="checkbox"/> | Express Service, same day broadcast - \$20.00 (all others will be processed within 3 business days) |                       |                       |                  |       |

**Document Details (Select One)**

- Order form faxed to CIM, flyer emailed to: support@cimonline.com
- Order form & flyer faxed "In FINE Resolution" to 888-830-9736
- Order form & flyer mailed to CIM (see below for mailing address)

**Methods of Payment Accepted:**

**Credit Card** - Complete the information below and fax or mail your order form to CIM  
(Fax to: **888-830-9736** or mail to: CIM ♦ 11125 Park Blvd, Suite 104-134 ♦ Seminole, FL 33772)

**Indicate Here:**     CC Billing Address is **SAME** as above     CC Billing Address is **DIFFERENT** from above

Charge my:     VISA     MasterCard     American Express     Discover    Auth Amt \$ \_\_\_\_\_

Name, exactly as on card (please print): \_\_\_\_\_ Security Code \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3 Digits on back of card

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (After Account Number)

**Check by Fax (CBF)** - Complete & fax the CBF authorization form, your order form, and a copy of your check to CIM at: **888-830-9736**

**Money Order or Personal Check By Mail** - Make check payable to Creative Innovations Marketing & mail with your order form to:    Creative Innovations Marketing ♦ 11125 Park Blvd, Suite 104-134 ♦ Seminole, FL 33772  
Your order will be processed within 3 business days, Unless Express Service is requested.

**Policies and Procedures Acknowledgement**

By signing below, the member certifies that he/she is of legal age and has thoroughly read the Creative Innovations Marketing, Ltd. General Policies & Procedures. He/she understands and agrees to comply with the General Policies & Procedures listed on the Creative Innovations Marketing, Ltd. program documents

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Phone: 727-393-7724    Fax: 727-398-3790/888-830-9736    Email: support@cimonline.com**  
**CIM Customer Support Telephone Hours:    Mon - Fri 9am - 5pm (EST Hours)**  
**Creative Innovations Marketing, Ltd. ♦ 11125 Park Blvd., Suite 104-134 ♦ Seminole, FL 33772**

# Creative Innovations Marketing, Ltd. - General Policies and Procedures

**1. Legal Age:** I certify that I am of legal age in the state in which I reside to enter into this agreement.

**2. Payments:** I hereby authorize Creative Innovations Marketing, Ltd., herein referred to as CIM, to initiate a debits to my account from the financial institution listed on my application and/or check-by-fax authorization form. I agree that my signature below authorizes this debit and is a binding agreement. I understand that if any debit is dishonored, whether intentionally or inadvertently, CIM shall be under no liability. In addition, a \$25 fee will be added for each dishonored debit.

**3. Refund Policy:** I understand that due to the fact that CIM's products are easily copied and the payment schedule of the CIM commission structure, no returns or exchanges will be accepted except in the cases of defective merchandise, in which event, CIM will replace the defective merchandise at CIM's expense. All sales are final.

**4. Guarantees:** CIM will replace non-connectable (Opportunity Seeker/MLM) fax data at a rate of 3 new fax numbers for every 1 non-connectable fax number. Industry standard is 3 attempts on any given number to be considered non-conectable. Forward your send log or fax transmission report reflecting the attempts to connect and we will be happy to replace them. CIM makes no guarantee of response rates. There are NO Guarantees on Business Fax Lists, as the data is maintained by one of our marketing partners.

**5. Disclaimers:** I understand that CIM will provide phone numbers (toll-free and direct dial) and an email address to use on my fax disclaimer for individuals to request to be removed from a fax database. I agree to use these phone numbers and/or email address when I am using any database that I have received from CIM.

**6. Training And Support Materials:** I understand that ALL training and support materials are provided for the benefit of CIM Subscribers, and therefore, may not be distributed with prior written consent of CIM.

**7. Re-Distribution Of Fax Leads:** I understand and agree that I have the right to solicit my fax leads with any offer I choose within legal and ethical boundaries. However, under no circumstances am I permitted to resell or re-distribute my fax leads, in part or whole, for the purpose of financial gain, marketing, promotion, or otherwise.

**8. Long Distance:** I understand that although CIM may support , endorse or recommend a long distance carrier, CIM is in no way responsible for any actions made by a long distance carrier. All communication and/or correspondence is to be made between the customer and the long distance carrier. In some cases, CIM will intervene on behalf of the customer, but makes no guarantees of any outcome.

**9. Change Of Address/Contact Information:** I understand that I am responsible for notifying CIM in writing of changes to my current mailing address and/or contact information, so lead allocations, updates and other important information are received in a timely manner.

**10. Sending Correspondence To CIM:** As a Subscriber, I am not obligated to send any correspondence via certified, return receipt mail. Therefore, I agree to release and hold CIM harmless from and against all liability whatsoever which may result from delays in CIM's receipt of "time-sensitive" correspondence. I understand that actual date of receipt by CIM and not postmark date, will determine the effective date of "time-sensitive" correspondence, and that my only recourse to dispute actual date of delivery is to immediately fax or mail a copy of the green "Return Receipt" card to CIM.

**11. Responsible Faxing:** I understand that I am expected to conduct faxing in a responsible manner. Although, there may be no steadfast CIM rules for faxing, I will conduct my faxing business utilizing professional courtesy and common sense. For example, your list may contain fax numbers that go into private homes where faxing during the middle of the night (11pm-8am) would be inappropriate. I understand that CIM will give a warning the first time this happens and that additional inappropriate faxing may result in the loss of subscription.

**12. Fax Lists:** I understand that Creative Innovations Marketing, Ltd. constantly strives to provide customers with the best fax data possible. I also understand that CIM cannot guarantee the accuracy of the information and that no list is 100% accurate. It's simply impossible with the changes in today's busy world. I understand that CIM's information is updated continuously from new directories. I understand that due to the fact that fax lists can be easily copied that CIM does not accept returns or exchanges except in the cases of defective disks, in which, Creative Innovations Marketing, Ltd. will re-ship or replace the fax data at their cost. I understand that all sales are final.

**13. Independent Contractor:** I understand that I am an Independent Contractor, herein referred to as IC, responsible for my own business and am not an employee or agent of the CIM. I agree that I will never advertise or otherwise represent myself in any manner other than as an IC. I release and hold CIM harmless from and against all liability whatsoever which may result from any actions or omissions as an IC. In no case shall CIM be construed to be bound by any agreement made by any IC and any third party.

**16. Responsibilities:** I agree that it is solely my responsibility to pay all applicable federal, state, and local income taxes, self-employment taxes and/or license fees. Furthermore, I agree to abide by all applicable federal and state laws in pursuit of my independent business operation. I understand that it is not CIM's responsibility to determine the federal, state, or local laws that apply to the operation of my independent business.

**17. 1099 Forms:** CIM, Ltd. will automatically supply IRS Form 1099 at the end of the calendar year to all IC's who earn in excess of \$600.

**18. Misrepresentation:** I understand that CIM makes no claim, representation, or guarantee of income. I acknowledge that my success is solely dependent upon my own abilities and efforts. Furthermore, I will make no representations to the contrary to my prospective members/subscribers.

**I have read, understand and agree to the Creative Innovations Marketing, Ltd. General Policies and Procedures.**

**Note: Lead Club Subscribers MUST also initial and submit the CIMple Solutions Lead Club Policies and Procedures.**

**Customer Name:** \_\_\_\_\_

**Customer's Initials** \_\_\_\_\_

**This document must be submitted with your order form.**

Creative Innovations Marketing, Ltd.  
11125 Park Blvd. Suite 104-134 ♦ Seminole, FL 33772  
Customer Support: 727-393-7724 ♦ Fax: 888-830-9736  
Email: support@cimonline.com

## Check-By-Fax Authorization Form

Based on your authorization, your banking information will be kept confidential. A check draft will be produced as a replacement for the amount of your payment. Note: This check draft will be treated as if you had mailed it in. The check draft will be deposited and it will be processed through your bank for payment, just as one of your checks in your checkbook.

Please complete the following:

I, \_\_\_\_\_ (name – please print) give  
Creative Innovations Marketing, Ltd. (CIM) permission to use check #

\_\_\_\_\_ in order to debit my account in the amount of \$ \_\_\_\_\_, in their check-by-fax program as described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Tape your check in the box below and fax your order form along with this check-by-fax authorization form to: 888-830-9736

- TAPE CHECK HERE -

Keep this form as your original copy for your records. It is not necessary to mail this form with check.

Bank Name and Phone Number	Transit Code	Check Number
My Name My Address My City, State ZIP		101
Pay to the order of _____		50-9999/9999 1
		____ 19 ____
The Bank Name Bank Address		\$ _____
		Dollars
I: 123456789 I: 12 34567890 II: 101		
9 Digit Bank Routing Number		Your Account Number

Please write the **Routing & Account** number shown on your check for verification, as the clarity of numbers is sometimes lost during a fax transmission.

Bank Name \_\_\_\_\_ City \_\_\_\_\_

Routing # \_\_\_\_\_ (1<sup>st</sup> set of 9 numbers on the bottom of your check)  
Account # \_\_\_\_\_ (2<sup>nd</sup> set of numbers on the bottom of your check)