



# ALISS QUOTE

## Efinancial, L.L.C.

3310 146th Place SE, Ste B, Bellevue WA 98007  
 Phone & Fax: 866-837-4439  
 email: [thomasp@efinancial.net](mailto:thomasp@efinancial.net)

SALESPERSON: THOMAS PARKINSON / MOLLOY  
 QUOTE :  
 DATE :

TO



SALESPERSON	PAYMENT TERMS	PAYMENT METHOD
Thomas Parkinson/Molloy	Due Upon Receipt	Monthly

QTY	ITEM #	DESCRIPTION	UNIT PRICE	ANNUAL PRICE
1	ALISS-1	Automated Life Insurance Sales System ALISS subscription includes: Automation Engine, Group E-mail & ALISS Website. (Recurring Monthly Charge: \$60 per account)	\$60.00	\$720.00
1	A-Set-1	ALISS One-Time Setup Fee \$150 per ALISS User Account	\$150.00	\$150.00
TOTAL Per User			First Month \$210.00	First Year \$870.00

### TERMS & CONDITIONS

- Subscriber can choose to pay monthly or pay the annual price upfront.
- The ALISS user account will be activated upon payment.
- Every new ALISS subscriber agrees to a 12 month contract.
- Each user license renews automatically on the anniversary date unless notified otherwise in writing.
- Each user account is subject to a termination fee of \$180.00 during the first 12 months of the account.

ALISS User Accounts Requested		
1 x	2 x	3 x
4 x	5 x	6 x
For additional users attach separate pages referencing this quotation and date.		

Quotation prepared by: Thomas Parkinson

This is a quotation on the services named, subject to the conditions noted above: I Agree to the terms and conditions stated above and understand the agreement.

To accept this quotation, sign here and return: X \_\_\_\_\_ Date: \_\_\_\_\_



# ALISS Payment Authorization

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### Fiduciary Information

Fiduciary's Name	(Last, First & MI) <input checked="" type="checkbox"/>		
Complete Street Address City, State & Zip Code	<input checked="" type="checkbox"/>		
Social Security #	<input checked="" type="checkbox"/>	Office Phone	<input checked="" type="checkbox"/>
Cell Phone Number	<input checked="" type="checkbox"/>	Fax Number	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>		

I have read and agree to the ALISS License Agreement posted on [www.Efinancial.net](http://www.Efinancial.net) and understand as the fiduciary I am responsible for the initial and ongoing fees of any ALISS users I may add to my ALISS account. The initial billing for each new user account includes both the set-up fee and first month's subscription fee. Subsequent monthly billings will occur on the regular Efinancial monthly billing cycles. I may cancel my ALISS subscription at any time subject to a \$180 Early Termination Fee per each terminated user account.

### Payment Information and Authorization

<input type="checkbox"/> Bill card on file (last 4 digits) _____	<input checked="" type="checkbox"/>	_____	_____
	Authorized Signature		Date

#### Direct Payment (EFT) Authorization

I authorize Efinancial L.L.C. to initiate recurring electronic debit entries from my account indicated below for the payment of my ALISS set-up and user fees. I understand I will receive a notice from Efinancial if the amount changes. I acknowledge that the origination of ACH trans-actions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I cancel it in writing.

Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of Account	<input checked="" type="checkbox"/>
Bank Name	<input checked="" type="checkbox"/>
Bank City & State	<input checked="" type="checkbox"/>
Routing Number	<input checked="" type="checkbox"/>
Account Number	<input checked="" type="checkbox"/>

\_\_\_\_\_  
 Authorized Signature Date

#### Credit Card Payment Authorization

I authorize Efinancial L.L.C. to initiate recurring electronic debit entries from my account indicated below for the payment of my ALISS set-up and user fees. I understand I will receive a notice from Efinancial if the amount changes. I acknowledge that the origination of ACH trans-actions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I cancel it in writing.

Account Type	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa
Name on Card	<input checked="" type="checkbox"/>
Credit Card No.	<input checked="" type="checkbox"/>
Expiration Date	<input checked="" type="checkbox"/> Security Code <input checked="" type="checkbox"/>
Street Address City, State Zip	<input checked="" type="checkbox"/>

\_\_\_\_\_  
 Authorized Signature Date



## ALISS Signature Template

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QUOTE :

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ALISS User's Name (Please Print): \_\_\_\_\_

### ALISS Signature Template

Please use a BLACK writing Instrument to sign your name INSIDE each of the 4 boxes below. Then select the signature you want uploaded to your ALISS account and return this form to Efinancial by PDF or fax for uploading.

(Hint: Black medium point Sharpies or black medium point roller ball pens work best.)

Please select only one signature to upload into your ALISS Account

Upload this signature

Upload this signature

Upload this signature

Upload this signature