

IMS

15440 Laguna Canyon Dr.  
Suite 150  
Irvine, CA 92604

# Invoice

Date	Invoice #
1/23/2004	13986

Bill To
Makiz Consulting Group

Rep	Start Date	Project
WS	1/26/2004	

Item	Quantity	Description	Rate	Start Date	Amount
Platform Faxing	300,000	Faxing - Platform	0.045		13,500.00
Hot Transfer	300	Hot Transfer	4.00		1,200.00

<b>Total</b>	<b>\$14,700.00</b>
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# Marketing Services Order Form

**Sales Representative:** Shark

Please choose your payment option by marking the box

**IF PAYING BY BANK WIRE:** .....

Transactions made by BANK WIRE TRANSFER, please use the following information.

Bank Name and Address	Name on Account	Acct. #	ABA #
Wells Fargo Bank 4850 Barranca Parkway • Irvine, CA 92604	Impact Marketing Solutions, LLC	33455-18603	122-000-247

Authorized Buyer Signature Here: \_\_\_\_\_ Date: \_\_\_\_\_

**IF PAYING BY CREDIT CARD:** .....

The following information must be submitted for all credit card transactions to be processed: (1) A photocopy of both the front and back of the credit card (2) A copy of the driver's license. Name must match the cardholder's name (3) Signature on back of credit card must match the signature below (4) If the signature below does not match the name on the back of the credit card, then the cardholder must provide a signed letter of authorization

Transaction Paid By:  MasterCard  Visa  Amex  Discover Card # \_\_\_\_\_ Exp. \_\_\_\_\_

3 Digit Card Code # (on Visa and MasterCard): \_\_\_\_\_ 4 Digit Card Code # (on front of AMEX only): \_\_\_\_\_

By signing as an Authorized Buyer below, I agree to pay for all leads ordered subject to the terms of my cardholder agreement.

Name as Appears on Card: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Buyer Signature Here: \_\_\_\_\_ Date: \_\_\_\_\_

**IF PAYING BY CHECK:** .....

As a secondary method of payment, Impact Marketing Solutions, LLC, a California corporation, accepts payment by company check. A credit card is required to secure your order as well as a front and back copy of the credit card and a copy of the cardholder's driver's license. Once the check clears, the secured payment on the credit card will be released immediately. Please complete the above and fax by close of business Thursday. If Impact Marketing Solutions, LLC is not in receipt of your check by close of business Friday, your credit card will be charged.  
Mail check to: Impact Marketing Solutions, LLC • 5405 Alton Parkway, Suite 5A, #114 • Irvine, CA 92604

Ali Shah for Makiz consulting group ("Buyer") hereby orders the following service from Impact Marketing Solutions, LLC ("Seller") pursuant to the terms of the written "Marketing Services Agreement" previously entered into by Buyer and Seller.

Order marketing as indicated below:

Service Provided	Date	Special Information	Block Units	Rate p/Unit	Total
Fax Broadcasting	1/26-1/30	60,000 faxes @ 4.5 With \$4 transfer, to be broadcasted between 8am-1pm to be finished by 3pm. A full indemnity will be drafted and signed by Wenesday 1/28 All Ad changes will be approved by Optima Funding. finally a guarantee of 60 calls per day	300,000	.045	\$13,500
transfers			guarantee of 300 calls per week	\$4	\$1200
		All Advertisment content will be sign off by Z			



# Marketing Services Order Form


**Phone Number:** 714-327-4500

**Fax Number:** 714-668-8564

**E-mail Address:**

Additional Graphics Design Fees	\$
Standard Set-up Fee (\$50)	\$
<b>TOTAL</b>	<b>\$14,700</b>

**Fax back to 949-265-5780**

IMS

15440 Laguna Canyon Dr.  
Suite 150  
Irvine, CA 92604

# Invoice

Date	Invoice #
5/6/2004	15359

Bill To
Optima Funding

**PAID**

Rep	Start Date	Project
BS	5/10/2004	

Item	Quantity	Description	Rate	Start Date	Amount
Platform Faxing	2,000,000	Faxing - Platform	0.04	5/10/2004	80,000.00

<b>Total</b>	\$80,000.00
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# Marketing Services Order Form

Sales Representative: B. Strauch

Please choose your payment option by marking the box

**IF PAYING BY BANK WIRE:** .....

Transactions made by BANK WIRE TRANSFER, please use the following information.

Bank Name and Address	Name on Account	Acct. #	ABA #
Wells Fargo Bank 4850 Barranca Parkway • Irvine, CA 92604	Impact Marketing Solutions, LLC	33455-18603	121-000-248

Authorized Buyer Signature Here: \_\_\_\_\_ Date: \_\_\_\_\_

**IF PAYING BY CREDIT CARD:** .....

The following information must be submitted for all credit card transactions to be processed: (1) A photocopy of both the front and back of the credit card (2) A copy of the driver's license. Name must match the cardholder's name (3) Signature on back of credit card must match the signature below (4) If the signature below does not match the name on the back of the credit card, then the cardholder must provide a signed letter of authorization

We accept:  MasterCard  Visa Card # \_\_\_\_\_ Exp: \_\_\_\_\_

3 Digit Card Code Number on Visa and MasterCard: | | |

By signing as an Authorized Buyer below, I agree to pay for all leads ordered subject to the terms of my cardholder agreement.

Name as Appears on Card: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Buyer Signature Here: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* The descriptor on your credit card statement will indicate that the charge is from "PaySystems"\*\*\*

**IF PAYING BY CHECK:** .....

As a secondary method of payment, Impact Marketing Solutions, LLC, a California corporation, accepts payment by company check. A credit card is required to secure your order as well as a front and back copy of the credit card and a copy of the cardholder's driver's license. Once the check clears, the secured payment on the credit card will be released immediately. Please complete the above and fax by close of business Thursday. If Impact Marketing Solutions, LLC is not in receipt of your check by close of business Friday, your credit card will be charged.

Mail check to: Impact Marketing Solutions, LLC • 15440 Laguna Canyon Road, Suite 110 • Irvine, CA 92618

for Makiz Consulting Group ("Buyer") hereby orders the following service from Impact Marketing Solutions, LLC ("Seller") pursuant to the terms of the written "Marketing Services Agreement" previously entered into by Buyer and Seller.

Order marketing as indicated below:

Service Provided	Date	Special Information	Block Units	Rate p/Unit	Total
MarketingCost Hot Transfers	5.10 start	*Campaign will continue until leads are filled	200K faxes a day (2 million for two weeks)	\$.04	\$80,000.00

Phone Number:

Fax Number:

E-mail Address:

Additional Graphics Design Fees	\$waived
Standard Set-up Fee (\$50)	\$waived
<b>TOTAL</b>	<b>\$80,000.00</b>

Fax back to **949-265-5783**

IMS

15440 Laguna Canyon Dr.  
Suite 150  
Irvine, CA 92604

# Invoice

Date	Invoice #
4/15/2004	15130

Bill To
Optima Funding

**PAID**

Rep	Start Date	Project
BS	4/16/2004	

Item	Quantity	Description	Rate	Start Date	Amount
Platform Faxing	1,500,000	Faxing - Platform	0.04	4/16/2004	60,000.00
Hot Transfer	750	Hot Transfer	4.00	4/16/2004	3,000.00

<b>Total</b>	\$63,000.00
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# Marketing Services Order Form

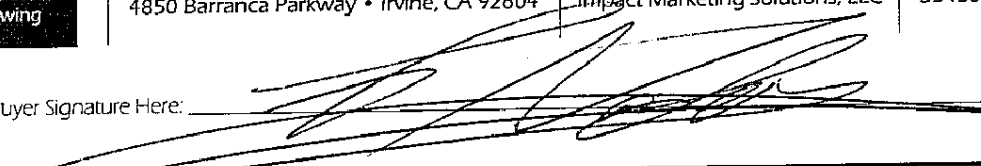
Sales Representative: B. Strauch

Please choose your payment option by marking the box

**IF PAYING BY BANK WIRE:** .....

Transactions made by BANK WIRE TRANSFER, please use the following information.

Bank Name and Address	Name on Account	Acct. #	ABA #
Wells Fargo Bank 4850 Barranca Parkway • Irvine, CA 92604	Impact Marketing Solutions, LLC	33455-18603	121-000-248

Authorized Buyer Signature Here:  Date: 4/15/04

**IF PAYING BY CREDIT CARD:** .....

The following information must be submitted for all credit card transactions to be processed: (1) A photocopy of both the front and back of the credit card (2) A copy of the driver's license. Name must match the cardholder's name (3) Signature on back of credit card must match the signature below (4) If the signature below does not match the name on the back of the credit card, then the cardholder must provide a signed letter of authorization

We accept:  MasterCard  Visa Card # 3717 500 1285 1029 Exp: 12/05

3 Digit Card Code Number on Visa and MasterCard: 4 6 5 3

By signing as an Authorized Buyer below, I agree to pay for all leads ordered subject to the terms of my cardholder agreement.

Name as Appears on Card: F. Nafeiy

Billing Street Address: 65 Crestridge Ct. City: Danville State: CA Zip Code: 94506

Authorized Buyer Signature Here: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* The descriptor on your credit card statement will indicate that the charge is from "PaySystems"\*\*\*

**IF PAYING BY CHECK:** .....

As a secondary method of payment, Impact Marketing Solutions, LLC, a California corporation, accepts payment by company check. A credit card is required to secure your order as well as a front and back copy of the credit card and a copy of the cardholder's driver's license. Once the check clears, the secured payment on the credit card will be released immediately. Please complete the above and fax by close of business Thursday. If Impact Marketing Solutions, LLC is not in receipt of your check by close of business Friday, your credit card will be charged.

Mail check to: Impact Marketing Solutions, LLC • 15440 Laguna Canyon Road, Suite 110 • Irvine, CA 92618

for Makiz Consulting Group ("Buyer") hereby orders the following service from Impact Marketing Solutions, LLC ("Seller") pursuant to the terms of the written "Marketing Services Agreement" previously entered into by Buyer and Seller.  
Order marketing as indicated below:

Service Provided	Date	Special Information	Block Units	Rate p/Unit	Total
Marketing Cost	4.16 start	Contract starts As of Fri 4/16/04 and continues till job completed	150,000 ea. day *1,500,000 faxes total	\$.04	\$60,000.00
Hot Transfers	4.16 start	Minimum 75 leads per day	750 leads	\$4.00	\$3,000.00
150,000 faxes a day		If leads are short Impact Marketing will fax to make up the leads.			

Phone Number:

**PAID**  
APR 15 2004

Additional Graphics Design Fees **\$waived**



**Fax Number:**

**E-mail Address:**

# *Marketing Services Order Form*

Standard Set-up Fee (\$50)	\$waived
<b>TOTAL</b>	<b>\$63,000.00</b>

**Fax back to 949-265-5783**