**Allied Digital Media**

**API FOR RECEIVING WEB LEAD**

**POSTING URL:** POST https://pro.allieddigitalmedia.com/api/rest/addLeadCustomer/BathRoom

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Description | Required | Data Type |
| "campaign\_id" | The Campaign ID of the Lead | Yes | Number |
| “campaign\_key” | A string representing the Canpaign key | Yes | String |
| “first\_name” | A string representing the First Name of the Lead. | Yes | String |
| 'last\_name' | A string representing the Last Name of the Lead. | Yes | String |
| 'phone\_number' | A number representing the phone number of the Lead. | Yes | US Phone |
| 'email' | A string representing the Email Address of the Lead. | Yes | String |
| 'street' | A string representing the Street Name of the Lead. | Yes | US Address |
| 'city' | A string representing the City of the Lead. | Yes | US City |
| 'state' | A string representing the State of the Lead | Yes | US State |
| 'zipcode' | A string representing the Zip Code of the Lead | Yes | US Zip Code |
| 'type\_of\_bathroom' | Type Of Bathroom | Yes | list |
| 'start\_time' | Time to start project | No | list |
| 'ownership' | Do you own your home | Yes | list |
| 'trusted\_form' | A string representing the trusted form | No | String |
| ‘lead\_id’ | A string representing the Jornaya Id | No | String |
| 'ip\_address' | An IP representing the IP address of the lead | No | IP |
| 'traffic\_source' | A string representing the traffic source | Yes | String |
| ‘lead\_source’ | Your Company Name | Yes | String |
| ‘UserAgent’ | A string representing the user browser | No | String |
| ‘OriginalURL’ | A string representing the URL of the website that came from the lead | No | String |
| ‘SessionLength’ | A string representing the time needed to fill in the data in the website | No | String |
| ‘browser\_name’ | A string representing the user browser | No | String |

* when sending a test lead, make sure to make the first name equals “test” or the last name equals “test” or both.

\*List Values\*

When posting leads, make sure you post the list value.

Type of Bathroom

|  |  |  |
| --- | --- | --- |
| # | Label | Value |
| 1 | Full Remodel | Full Remodel |
| 2 | Cabinets / Vanity | Cabinets / Vanity |
| 3 | Countertops | Countertops |
| 4 | Flooring | Flooring |
| 5 | Shower / Bath | Shower / Bath |
| 6 | Sinks | Sinks |
| 7 | Toilet | Toilet |

Time to start project

|  |  |  |
| --- | --- | --- |
| # | Label | Value |
| 1 | Immediately | Immediately |
| 2 | Within 6 months | Within 6 months |
| 3 | Not Sure | Not Sure |

Do you own your home?

|  |  |  |
| --- | --- | --- |
| # | Label | Value |
| 1 | Yes | Yes |
| 2 | No | No |