



Lead Purchase Order Credit Card Authorization Form

Agent Name: _____

Date: _____

Email Address: _____

Exclusive Lead Options:

#1 DIRECT MAIL "A" LEADS \$29.75(20 MINIMUM OR 15 ON RECURRING ORDERS)

<u>Select Lead Type:</u>	<u>Memorial Guide</u>	<u>Stars & Stripes</u>	<u>RX Discount</u>	<u>State Benefits</u>
#2 DIRECT MAIL OVERFLOWS		\$29.75 (NO MINIMUM)		
#3 A- MINUS		\$4.75 (NO MINIMUM)		
#4 DIRECT MAIL "B" LEADS		\$2.71 (10 MINIMUM)		
#5 MED SUPP		\$13.00 (20 MINIMUM)		
#6 MED ADVANTAGE		\$13.00 (20 MINIMUM)		
#7 DIRECT MAIL DROP		.399 PER PIECE (1,000 MINIMUM)		
#8 PRE RECORDED CONTACT		\$20.00 (10 MINIMUM)		
#9 APPOINTMENT SETTER		\$25.00 (10 MINIMUM) AGENT SUPPLIES LEADS (Additional form required)		
#10 PRESET APPOINTMENTS		\$39.00 (10 MINIMUM)		

Quantity: _____ County(s)State: _____

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Frequency: RECURRING WEEKLY RECURRING BI-WEEKLY ONE TIME

Total Lead Cost: \$- _____

I, the undersigned cardholder, authorize YOUR Insurance Group, LLC to charge my credit card for services provided.

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ Card Security Code: _____

Billing Street Address: _____

Billing City, State, Zip: _____

Phone Number: _____

Cardholder Signature: _____

Send order form to YIGLeads@YOURInsuranceGroup.net or fax to 224-723-5951 or 1-847-897-2016

I agree that all of these leads will be sold with a YIG approved carrier.

I understand that my "A" lead order may be combined with other "A" Lead types in effort to fulfill.

INITIALS: _____

YIG considers all qualified leads valid. ALL SALES ARE FINAL! **NOREFUNDS!**