



AN INTEGRITY COMPANY

Lead Purchase Order Credit Card Authorization Form

Agent Name: _____

Date: _____

Email Address: _____

#1 DIRECT MAIL FE "A" LEADS \$29.95(20 MINIMUM OR 15 ON RECURRING ORDERS)

#2 DIRECT MAIL FE "A" LEAD **OVERFLOWS** \$27.00 (NO MINIMUM)(These leads have never been distributed)

#3 DIRECT MAIL FE "B" LEADS FE: \$1.50 Mortgage Protection: \$5.00 (10 MINIMUM)

#4 DIRECT MAIL MED SUPP \$23.00 (20 MINIMUM)

#5 DIRECT MAIL MED SUPP T65 \$25.00 (20 MINIMUM)

#6 DM MED SUPP & T65 **Overflows** Med Supp \$21.50 T65 \$23.00

#7 DIRECT MAIL FE "A" MINUS \$12.00 (NO MINIMUM)

#8 PRE RECORDED CONTACTS \$20.00 (10 MINIMUM)

#9 DIGITAL LEADS \$8.00 (10 MINIMUM)

#10 DM MORTGAGE PROTECTION \$79.00 (10 MINIMUM)

Quantity: _____ County(s)State: _____

Quantity: _____ County(s)State: _____

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: 856-206-4049

I agree that all leads will be sold with a YIG approved carrier. I understand all "A" lead types listed above may be used in effort to fulfill my "A" lead order which may result in receiving a variety of the lead options. I agree that if I modify or cancel this lead order, I assume responsibility for any leads that may return for 45 days after the cancellation notice is received.** Lead samples, demographic and lead credit criteria are available on www.yigleads.com

ALL SALES ARE FINAL! NO REFUNDS! INITIALS: _____