



Lead Purchase Order Credit Card Authorization Form

Agent Name: _____

Date: _____

Email Address: _____

Exclusive Lead Options ONLY for YIG Active Writing Agents:

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

Select Lead Type: 2017 New Life \$255 Supplement Memorial Guide Benefit

#2 DIRECT MAIL OVERFLOWS \$27.00 (NO MINIMUM)

#3 MORTGAGE PROTECTION \$59.00 (15 MINIMUM)

#4 DIRECT MAIL "B" LEADS FE: \$2.71 Mortgage Protection: \$5.00 (10 MINIMUM)

#5 MED SUPP \$15.00 (20 MINIMUM)

#6 MED ADVANTAGE \$15.00 (20 MINIMUM)

#7 A Minus (never distributed) \$10.00 (NO MINIMUM)

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

#9 PRESET APPOINTMENT \$20.00 (15 MINIMUM) (Requires 20 "A" Leads Weekly)

#10 RECRUITING CONTACTS \$3.00 (NO 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 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. **Not selecting an "A" lead type is defined as a request for a variety of leads.** **INITIALS:** _____

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