



# 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 \$20.00 (20 MINIMUM)

#6 MED ADVANTAGE \$20.00 (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!**