



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)

<u>Select Lead Type:</u>	<u>2016 New Life</u>	<u>\$255 Supplement</u>	<u>Memorial Guide</u>	<u>Benefit</u>
#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		\$30.00 (10 MINIMUM)		
#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!**