



AN INTEGRITY COMPANY

Lead Purchase Order Credit Card Authorization Form

Agent Name: _____

Date: _____

Email Address: _____

All YIG lead options are exclusive and have never been sold or distributed

#1 Digital Lead w/ Beneficiary Info	\$14.00	Real-Time Final Expense Ages 50-84	Real-Time Life Ages 20-80	FE Inventory Under 31 Days	Life Inventory Under 31 Days
#2 Legacy Planning Life Lead	\$12.00	Real-Time Final Expense Ages 50-84	Real-Time Life Ages 20-49	FE Inventory Under 31 Days	Life Inventory Under 31 Days
#3 Digital Life Insurance Questionnaire Lead	\$11.00	Real-Time Final Expense Ages 50-84	Real-Time Life Ages 20-49	FE Inventory Under 31 Days	Life Inventory Under 31 Days
#4 Digital Life Lead 31-120 days	\$4.00	121-320 days \$1.50	May be a combination of #1, #2 & #3		
#5 Medicare Digital Lead	\$13.00	Real-Time Medicare Ages 64-80	Real-Time Medicare Supp. Ages 64-80	Medicare Under 31 Days	Medicare Supp. Under 31 Days
#6 Medicare Digital Lead 31-120 days	\$4.00	Medicare	Medicare Supplement		
#7 Direct Mail - Per 1000 Mail Drop	\$600	payment method with no transaction fee	\$615	credit card payment	
#8 Direct Mail "B" Leads	\$0.50	Aged 1 - several years			
#9 ACA Digital Leads	\$10.00				
#10 Home Health Care Digital Leads	\$10.00				

Quantity _____ State(s)/County(s) _____

Quantity _____ State(s)/County(s) _____

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: _____ Security Code: _____ Billing Street Address: _____

Billing City: _____ State: _____ Zip-code: _____ Phone number: _____

Cardholder Signature: _____

Send order form to YIGLeads@YOURInsuranceGroup.net or fax to: 856-206-4049

ALL SALES ARE FINAL - NO REFUNDS