



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)

Direct Mail "A" Leads: You will receive a combination of all of the following lead options.

New Life *\$255 Supplement* *Memorial Guide* (Lead samples are available on yigagents.com)

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

#3 DIRECT MAIL "B" LEADS FE: \$1.00 Mortgage Protection: \$5.00 (10 MINIMUM)

#4 MED SUPP \$23.00 (20 MINIMUM)

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

#6 MED SUPP & T65 **Overflows** Med Supp \$22.00 T65 \$23.00

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

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

#9 PRESET APPOINTMENTS by Setter \$20.00 (10 MINIMUM) Requires 20 "A" Leads Weekly

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.**

ALL SALES ARE FINAL! NO REFUNDS! INITIALS: _____