



Lead Purchase Order Credit Card Authorization Form

Agent Name: _____

Date: _____

Email Address: _____

Exclusive Lead Options:

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

Select Lead Type: Memorial Guide Stars & Stripes RX Discount State Benefits

#2 DIRECT MAIL OVERFLOWS \$29.75 (NO MINIMUM)

#3 A- MINUS \$4.75 (NO MINIMUM)

#4 DIRECT MAIL "B" LEADS \$2.71 (10 MINIMUM)

#5 MED SUPP \$13.00 (20 MINIMUM)

#6 MED ADVANTAGE \$13.00 (20 MINIMUM)

#7 DIRECT MAIL DROP .399 PER PIECE (1,000 MINIMUM)

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

#9 APPOINTMENT SETTER \$25.00 (10 MINIMUM) AGENT SUPPLIES LEADS (Additional form required)

#10 PRESET APPOINTMENTS \$39.00 (10 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 224-723-5951 or 1-847-897-2016

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.

INITIALS: _____

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