



# 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     Statue of Liberty

- #2 DIRECT MAIL "B" LEADS \$2.71 (10 MINIMUM)
- #3 DIRECT MAIL DROP .399 PER PIECE (1,000 MINIMUM) \$729 (2,000 MINIMUM)
- #4 PRE RECORDED CONTACT \$20.00(10 MINIMUM)
- #5 DIRECT MAIL OVERFLOWS \$29.75 & \$36.00 for Checkbox (BASED ON AVAILABILITY)
- #6 PRESET APPOINTMENTS \$39.00 (10 MINIMUM)
- #7 PERSONAL APPOINTMENT SETTER \$15.00 (10 MINIMUM) AGENT SUPPLIES CALLER W/LEADS

Quantity: \_\_\_\_\_ County(s)State: \_\_\_\_\_

Quantity: \_\_\_\_\_ County(s)State: \_\_\_\_\_

Frequency:     ONE TIME     RECURRING WEEKLY     RECURRING BI-WEEKLY

**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**

I agree that all of these leads will be sold with a YIG approved carrier.    **Initials:** \_\_\_\_\_

YIG considers all qualified leads valid.

**ALL SALES ARE FINAL! NOREFUNDS!**