

Lead Purchase Order Credit Card Authorization Form

Agent/Agency Name: _____ Date: ___/___/_____

Email Address: _____ Phone Number: _____

| | |
|------------------------------|---------|
| #1 DIRECT MAIL FINAL EXPENSE | \$29.95 |
| #2 DIRECT MAIL MED SUPP | \$23.00 |
| #3 DIRECT MAIL T-65 | \$25.00 |
| #4 DIRECT MAIL MED ADVANTAGE | \$29.00 |
| #5 MORTGAGE PROTECTION | \$84.00 |

Lead Option Number Above: _____ Quantity: _____ County(s)State: _____

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Lead Option Number Above: _____ Quantity: _____ County(s)State: _____

Frequency: ONE TIME RECURRING WEEKLY RECURRING BI-WEEKLY

Total Lead Cost: \$- _____

I, the undersigned cardholder, authorize this amount to be charged on the credit card 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: 856-206-4049 or YIGleads@YourInsuranceGroup.net