. SHORELINE FINANCIAL GROUP

FACEBOOK LEAD ORDER FORM

By your hand, with your signature on this form, authorizes Shoreline Financial Group (SFG) to charge your credit card for the amount specified below for the purchase of leads. Once charged, SFG will initiate Facebook ads to fulfill your order. As responses are received, SFG will email leads to you. SFG will charge your card for (4) consecutive weeks for the amount specified below.

It is understood by you that SFG is not in the 'lead for profit' business and credit card use is provided as a convenient payment method for you, to allow you to market products, and services made available to you through SFG only. (*Defined as insurance carriers and/or other entities that we are jointly contracted with*).. As Such, you your sub-agents reporting to you directly or indirectly (whether as an employee or as an independent contractor) or persons in your employ (collectively referred to as "you") will use the leads solely for the purpose of marketing products and services through SFG, and you will not, nor will you allow others to, make use of these leads for any other purpose. Should you fail to comply with any of the conditions listed above, we have the right to terminate your access to leads, terminate your contracts with all carriers SFG represents, and recover from you all commissions earned from sales made from leads and placed with other insurers, plus any and all legal fees that may be incurred. Any legal disputes will be settled under state of Connecticut law.

I do hereby attest that the information, given by me and the listed above, is true and valid and any intentional misrepresentation or falsification on my part will jeopardize my continued participation in SFG lead program.

It is understood that I will be charged a total of $414.00 for 20 Facebook leads
($400.00+ 3.5% transaction fee)

Please circle: Visa Master Card AMEX Discover

_____ _____ _____
Card Number svc code Expiration date

_____ _____
Name Appearing on Card Daytime phone number

_____ _____
Address Appearing on Credit Card Bill City, State, Zip

_____ _____ _____
Printed Name Signature Date

Agent Email:_____

Requested Area: _____

_____

Undesirable Area (if any)_____

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