

# SHORELINE FINANCIAL GROUP

## HOLIDAY PHONE LEAD SALE

11/7/18 – 12/31/18

By your hand, with your signature on this form, authorizes Shoreline Financial Group to charge lead credits to the specified credit card for \$12/ each plus 3.5%. Once charged, SFG will initiate phone leads to fulfill your order. As responses are received, SFG will email leads to you. These leads are exclusive to you for 6 months.

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.

Number of Credits this purchase: (Cost per lead = \$12.00+3.5% Trans Fee) check the box:

<input type="checkbox"/>	<u>20</u>	Charge	<u>\$248.40</u>
<input type="checkbox"/>	<u>30</u>	Charge	<u>\$372.60</u>
<input type="checkbox"/>	<u>40</u>	Charge	<u>\$496.80</u>
<input type="checkbox"/>	<u>50</u>	Charge	<u>\$621.00</u>

Please circle:        Visa        Master Card

_____	_____	_____
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

Email address for delivery of leads: \_\_\_\_\_

Counties in order of Preference: (State: \_\_\_\_\_)

1. \_\_\_\_\_                      2. \_\_\_\_\_  
3. \_\_\_\_\_                      4. \_\_\_\_\_