



**BEST VALUE
INSURANCE
AGENCY, INC.**

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Lead Order Form

(Please note: limit of 30 leads per contracted agent, per order. If more leads are desired please contact the office for more details.)

Date: _____

From: Agent/Agency: _____

Agent Name	Quantity	County	State

Total Number of Leads: _____

Date Desired: _____

Just pick your counties and number desired, then fax or mail in choices.

Agent understands and agrees all prospective applicants and referrals generated by such leads are to be solicited for insurance availability only from Best Value Insurance Agency, Inc.'s (BVIAI) portfolio of insurance company's. This provision will be strictly enforced and adhered to by all parties and if breached will be grounds for termination of Health Insurance Lead Agreement, any BVIAI sponsored bonus program and any commission overrides. The agent takes full responsibility for complying with the current state & federal Do No Call laws. A telemarketed lead and accessed through the internet-based distribution system the lead can be contacted after 90 days of the lead's original date of contact. I hereby certify that the Agreement above, which I have signed, has not been altered, modified, or changed by me in any manner and that I agree to be bound by the provisions of that Agreement.

Agent Name (Print): _____ Date: _____

Agent Signature: _____



**HEALTH • LIFE • SENIOR PRODUCTS
ANNUITIES • RETIREMENT ACCOUNTS**

