



Consumer Advocacy Referral Service
"Never a Fee or Charge to Consumers"

REFERRAL PURCHASE ORDER AND AGREEMENT

THIS AGREEMENT is made and entered into on the date affixed below, between Center for Sound Consumer Advice, Inc. (CSCA, Inc.) at 6124 Pinehurst Drive, Spring Hill, FL 34606

and _____, located at _____
(Hereinafter referred to as "CLIENT")

WHEREAS, (CSCA, Inc.) is a marketing company for the US Mortgage Lending Alliance, Inc, and will provide CLIENT with certain referrals in consideration for compensation as reflected in this Agreement; and CLIENT is Mortgage Lender/broker that is purchasing certain referrals from (CSCA, Inc.) pursuant to the provisions set forth herein. The undersigned hereby evidences by his/her signature that he/she is authorized by Client to enter into this agreement.

NOW THEREFORE, in consideration of the terms and conditions contained herein the parties mutually agree that the entire understanding between the parties is specifically stated as follows:

1. **Mortgage Referral:** For the purposes of this agreement a "Mortgage Referral" "Referral" is defined as an adult who in response to an offer of a free consumer protection guidebook and complimentary loan consultation with a local member of the "Alliance" provided information including, but not limited to, their name, phone number, email address, type of loan desired, type of property to be financed and a representation of their creditworthiness.

2. **Leads Ordered:** CLIENT is ordering from (CSCA, Inc.) _____ Mortgage Referrals at a cost of \$59.00 per Referral.

3. **Delivery of Leads:** Upon receipt of good funds, (CSCA, Inc.) will send CLIENT said ordered Referrals generated as directed in this clause, until the above said prepayment is exhausted. The prepayment process, terms and conditions of this Purchase Order shall remain in full force and effect on any/all future orders. (CSCA, Inc.) shall deliver said Referrals as individual prospect forms via a pdf. file on the schedule as directed in this clause to the following e-mail address:
_____ @ _____ Send Referrals _____

4. **Replacement of Invalid Referrals:** (CSCA, Inc.) will issue a replacement for any "Invalid Referral". You will have the ability to send return request online via the members administration area by logging in with your username and password selected. Alternate ways to request replacements are to send an email with the Lead ID and reason for return peter@lendingallianceusa.com or via fax 888-666-9940. "Invalid" is defined as a Referral that is either not "Fresh," "Qualified", and/or "Exclusive" as more fully described in the corporate policy statement. CSCA, Inc. will replace any/all invalid Referral(s) within 48hours.

5. **Refund:** In the event (CSCA, Inc.) fails to deliver said ordered Referrals in a timely fashion, CLIENT may request that (CSCA, Inc.) discontinue delivery of said Referrals and a refund of any/all remaining balance.

6. **Governing Law:** This agreement shall be governed in its enforcement, construction, interpretation, and Adjudication by the laws of and in Lake County, Florida.

7. **Indemnification:** CLIENT represents that it operates within any/all State and Federal laws and regulations, and further indemnifies and holds harmless and will defend (CSCA, Inc.) from any/all lawsuit(s) arising from CLIENT services and/or actions. (CSCA, Inc.) operates within all State and Federal laws and regulations, and indemnifies and holds harmless and will defend CLIENT from any lawsuit arising from (CSCA, Inc.) actions.

The parties have accepted and executed this agreement on this date as evidenced below.

Date: _____ Date: _____

By: _____ By: _____

Print Name: _____

Company Name: _____ Phone # _____ Fax # _____

Please acknowledge & return via fax to 1-800-709-4860

INSTRUCTIONS FOR PAYMENT

Payment by Check:

OVERNIGHT check and agreement to

CENTER FOR SOUND CONSUMER ADVICE, Inc.

6124 Pinehurst Drive

Spring Hill, FL 34606

(Courier / BANK WIRE charges are deducted from your next order)

PAYMENT BY WIRE OR DIRECT DEPOSIT:

Wire to / Direct Deposit at Washington Mutual Bank

Routing #267084131

For further credit to: CENTER FOR SOUND CONSUMER ADVICE, Inc.

Acct # 3172429570

6124 Pinehurst Drive

Spring Hill, Florida 34606

1-800-819-6544