# Business Owners Legal Solutions Plan

ENROLLMENT APPLICATION

Pre-Paid Legal Services®, Inc. and subsidiaries
Corporate Offices: PO Box 145 • Ada, OK 74821-0145 • www.prepaidlegal.com

CHECK ONE
- ❑ Pre-Paid Legal Services®, Inc.
- ❑ Pre-Paid Legal Casualty™, Inc.
- ❑ Pre-Paid Legal Services of Tennessee, Inc.
- ❑ Pre-Paid Legal Services, Inc. of Florida
- ❑ National Pre-Paid Legal Services of Mississippi, Inc.
- ❑ Legal Service Plans of Virginia, Inc.
- ❑ Ohio Access to Justice, Inc.

*administered by Pre-Paid Legal Services®, Inc.*

*$10 Non-Refundable Enrollment Fee Required*

| Office Use Only | |
|---|---|
| CWA | |
| FOB | |
| MODE | |
| PLAN | |
| FRAN | |
| GR# | |

## member information

Print only

Today's Date ____/____/____ (Month / Day / Year)

*If you choose the bank draft option, your account will be drafted on or about this date each month.*

Federal Tax ID Number _____

Business Name _____

Address _____

_____
City State Zip + 4

Email Address _____

❑ *I do not wish to receive email updates from PPLSI about my membership. (Your privacy is a priority with us! PPLSI will not sell your email address or personal information of any kind to third party vendors.)*

Business Phone ( ) _____

Alternate Phone ( ) _____

Owner _____

Authorized Users

At least one authorized user must be in a position to legally bind the Covered Business Entity. The business owner must be listed here if he/she wishes to use plan benefits.

_____
Last First MI Title

_____
Last First MI Title

**Associate Use Only**

Assigned Associate Number _____
Associate Name _____
Associate SSN Number (If Licensed) _____
Associate License Number (In Florida) _____
Business Phone _____
Signature of Associate X _____

Type of business _____

Number of Employees _____

State this business is organized in _____

Is stock of the business publicly traded? ❑ YES ❑ NO

Is this a FOR PROFIT business? ❑ YES ❑ NO

*Note: If any of the information to the left changes, you must notify PPLSI immediately.*

- I certify that this business is a FOR PROFIT entity.
- I realize NON-PROFIT entities are not covered by this plan.

Applicant: I understand that the written contract sets forth the terms of my membership, including any exclusions or limitations, and agree to be bound by the same. I further understand that the company will mail the written contract to me at the address noted herein within the next fourteen days. If I have not received my contract within that time frame, I understand that it is my responsibility to call the Pre-Paid Legal Home Office at 1-800-654-7757 to obtain a copy. The written contract, together with this application, constitutes the entire agreement between the company and the member with respect to the membership, and there are no agreements, understandings, warranties or representations other than as set forth herein and in the membership contract.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete, or misleading information concerning a material fact is guilty of a felony of the 3rd degree.

Authorized Signature For Business X _____

## payment information

TO COMPLETE, select the ONE payment option you prefer. Your credit card charge or check is your receipt.

### ❑ Monthly or Annual Bank Draft

Authorization for Electronic Transfers Drawn by and Payable for Premium: I hereby authorize Pre-Paid Legal Services®, Inc., to charge/draft my checking/savings account from the Financial Institution listed below. This authority is to remain in effect until Pre-Paid Legal Services®, Inc., receives written notification from me revoking the authorization. Your account will be drafted each month on or about the effective date of your membership.

Name of Bank _____
(Financial Institution)
Bank Address _____

_____
CITY STATE ZIP

Acct. # _____

Institution Transit # _____

Signature of Account Holder X _____

❑ Checking Account **(Attach check from account to be drafted.)**

❑ Savings Account **(Attach verification.)**

**Please fill out for Bank Draft or Credit Card payment options:**

Monthly / Annual draft / Charge amount $ _____

One-time enrollment fee $ _____

Total enclosed by check, money order, or charged to credit card $ _____

*(If paying by credit card, I realize my first charge will include a one-time enrollment fee where applicable.)*

### ❑ Monthly or Annual Payment by Credit Card

I wish to pay by credit card until I revoke this authorization in writing. I realize my account will be charged on or about the 15th or 25th monthly.

Card #: _____ Exp. Date: _____ (Mo./Yr.)

Cardholder Signature: X _____

❑ MasterCard ❑ Visa ❑ Discover ❑ AMEX

### ❑ Annual Direct Bill

I wish to pay annually by check. Checks should be made payable to Pre-Paid Legal Services, Inc.

Amount enclosed: _____

*Must include first year payment.