



# TOOLBOX

Marketed by: Pre-Paid Legal Services, Inc. & Subsidiaries  
Corporate Office: One Pre-Paid Way, Ada, Oklahoma 74820 www.prepaidlegal.com

## 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 \_\_\_\_\_

Type of Business \_\_\_\_\_

### Authorized Users (up to 3)

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

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

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

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

**Applicant:** I understand that the membership fulfillment brochure 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 membership fulfillment brochure to me at the address noted herein within the next fourteen days. If I have not received my membership fulfillment brochure 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 **X**  
For Business \_\_\_\_\_

## 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.** When you provide Pre-Paid Legal Services, Inc. with a check presented as payment, you authorize Pre-Paid Legal Services, Inc. to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account as soon as the same day payment is received. For inquiries, please call: 1-800-654-7757.

Name of Bank \_\_\_\_\_

Acct. # \_\_\_\_\_

(Financial Institution)

Institution Transit # \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Account Holder Name \_\_\_\_\_

CITY STATE ZIP

Signature of Account Holder **X**

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

Monthly /Annual draft/ Charge amount \$ \_\_\_\_\_

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.)*

- Checking Account (Attach check from account to be drafted.)  Savings Account (Attach verification.)

### 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 My Effective Date.

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ (Mo./Yr.)

Cardholder Name: \_\_\_\_\_ 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.