



Corporate Offices: One Pre-Paid Way • Ada, OK 74820 www.LegalShield.com • 800-654-7757

LegalShield is the trade name of Pre-Paid Legal Services, Inc. and its subsidiaries.

Select Applicable Subsidiary:

Assigned Associate Number

Last

(If Licensed)

Associate Name

Associate SSN

APP.BUS (10.12)

Number

- O Pre-Paid Legal Services, Inc.O Pre-Paid Legal Casualty, Inc.
- O Legal Service Plans of Virginia, Inc.
- O Pre-Paid Legal Services, Inc. of Florida
- O Pre-Paid Legal Access, Inc.

BUSINESS OWNERS ENROLLMENT APPLICATION

OFFICE USE ONLY					
CWA		PLAN			
FOB		FRAN			
MODE		GR#			

MI

Today's Date MM / DD / YYYY		e is required for individual enrollments. LL CAPITAL letters, using ONLY BLUE or BLACK INK.			
1 Member Information, and LegalShie	ation The information takes care to protect y	on you provide on this application is considered our information.			
Federal Tax ID #	Type of Busine	9SS			
	· ·	Owner			
Number of Employees	State this business is organized in				
Is stock of the business publically Is this a NON-FOR PROFIT busine		 I certify that this Bus. is a FOR PROFIT entity. I realize NON- PROFIT entities are <u>NOT</u> covered by this plan. 			
Address		Apt.#/Ste#			
Phone # (State () Ext. Home	Zip + 4() Cell			
Email We will not sell your email	address or personal infor	(Your privacy is a priority with us! mation of any kind to third party vendors.)			
Please indicate below, on a voluntary basis, if you are either blind or deaf. All information will be kept confidential, and used only to enhance the services provided by LegalShield to its blind and/or deaf associates and members. O Blind O Deaf					
2 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.					
Name	 First	Title			
Name Last	First	Title			
Associate Use Only	/				

Business phone

(In Florida)

First

Associate Signature X

Associate Lic. Number

3 Payment Info Your credit card charge or ch		out the ONE payment op	tion you prefer.
Please fill out for options	below: OPTION 1 (Bank	Draft) or OPTION 2 (Cred	lit Card) payment option
\$. +	\$=	\$.	(If paying by credit card, I realize my first
Monthly /Annual draft/ Charge amount	One-time enrollment fee	Total enclosed by check, money order, or charged to credit card	charge will include a one-time enrollment fee where applicable.)
OPTION 1: O Monthly Or to be drafted.) Or O Saving authorize LegalShield, to make the Financial Institution listed terminate the authorization. Name of Bank	gs Account (Attach verification of the direct payment by child below. This authority w	fication.) Authorization for harge/draft of my checking/vill remain in effect until you	Electronic Premium: I savings account from
Address		City St	ate ZIP + 4
Account #		Transit #	
When you provide a check as fund transfer from your accourance payment is received. Your accordate of your membership. You your payment changes, we will	nt. Funds may be withdra ount will be drafted for th waive your right to notif I notify you at least ten c	awn from your account as so ne same amount each month ication of continued paymer lays before the payment dat	oon as the same day n on or about the effective nt. If the amount or date of e.
OPTION 2: O Monthly Or this authorization in writing. I r			
Cardholders Name Last		First	<u>M</u>
Card #			Exp. Date ${MM} {YY}$
MasterCard Visa	O Discover O Ar	merican Express	MM YY
OPTION 3: O Annual Direct check. Checks should be made	t Bill Or O Semi-Ann e payable to LegalShield.	ual Direct Bill I wish to pay	/ Annually/Semi-Annually by
Amount enclosed \$	*Must inc	ude first payment and enroll	lment fee.
In AL, any person who knowing knowingly presents false informed in the restitution fines or confinement with intent to injure, defraud, of false, incomplete, or misleadin includes any false or misleadin civil penalties. In OR, any person a statement of claim or an approximaterial fact may be subject to knowingly provide false, incompany. Penalties	mation in an application in in prison, or any combor deceive any insurer file g information is guilty of ig information on an appon who knowingly, and volication containing any foo criminal or civil penalticomplete or misleading in	for insurance is guilty of a crination thereof. In FL, any peas a statement of claim or are a felony of the third degree dication for an insurance polyith intent to injure, defraud, false, incomplete, or misleades and/or cancellation of the offormation to an insurance of	rime and may be subject to erson who knowingly and application containing any e. In NJ, any person who icy is subject to criminal and or deceive any insurer, files ing information concerning a econtract. In TN, it is a crime company for the purpose of

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 LegalShield 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, or representations other than as set forth herein and in the membership contract.

I hereby acknowledge that on this date, I purchased this plan in the city of	In
the state of By signing this application I certify I am legally residing in the	United States and agree
to the above Authorization of Payment and membership fees selected above.	