PREFERRED LEGAL PLAN

A New Wave of Legal Representation

Agent License #

MEMBERSHIP APPLICATION

1 Date _____/_____/_____

2 Name _____
Last First MI

3 S.S. No. _____ --- _____ --- _____

4 Date of Birth _____ / _____ / _____
Mo Day Yr

5 Mailing Address_____
Street Address Apt #

City _____, Florida Zip_____

6 Spouse's Name_____
Last First MI

7 Home Phone ( ) _____

Work Phone ( ) _____

8 Dependents

_____
Last First MI

_____
Last First MI

_____
Last First MI

**Any person who provides false information on an application is guilty of a 3rd degree felony.*

A. Payment by ACH Checking/Savings Account Deduction: Preferred Legal Plan ("PLP") is authorized to draft my checking/savings account from the Bank, Credit Union or other Financial Institution evidenced by the attached information, until PLP receives notification from me revoking this authorization. PLP shall be not be liable if any such charge is disallowed, regardless of the reason. **Your account will be drafted for $9.95 each month on or about the date chosen below.**

Name of Bank / Financial Institution: _____ ☐ Checking Account ☐ Savings Account

Account number: _____ **Routing number:** _____

I prefer the monthly draft to take place on or around the: ☐ 10th of the month ☐ 15th of the month ☐ 20th of the month

X _____
Signature of Applicant

B. Payment by Credit Card: Preferred Legal Plan ("PLP") is authorized to draft my Credit Card evidenced by the attached information, until PLP receives notification from me revoking this authorization. PLP shall be not be liable if any such charge is disallowed, regardless of the reason. **Your Credit Card will be drafted for $9.95 each month on or about the date chosen below.**

☐ Mastercard ☐ Visa ☐ AmEx Card #:____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

Exp. Date: _____/_____ (Mo./Yr.) Cardholder Signature: **X**_____

I prefer the monthly charge to take place on or around the: ☐ 10th of the month ☐ 15th of the month ☐ 20th of the month

C. Payment by Direct Bill: Payment by Personal Check, Money Order or Cashier's Check. Please make payable to Preferred Legal Plan.

☐ Annual Advance Bill: $119.40

X _____
Signature of Applicant

Return to: Preferred Legal Plan, 10800 Biscayne Blvd., Ste. 580, Miami, FL 33161, (888) 577-3476 phone, (786) 621-8441 fax