

PREFERRED LEGAL PLAN



A New Wave of Legal Representation

Agent _____
License # _____

BUSINESS / PERSONAL MEMBERSHIP APPLICATION (combination)

1 Date ____/____/____

9 Home Phone () _____

2 Name _____
Last First MI

10 Home Mailing Address _____
Street Address Apt #

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

City _____, Florida Zip _____

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

11 Spouse's Name _____
Last First MI

5 Name of Business _____

12 Dependents Birth Date
_____(____/____/____)
Last First MI

6 Business Address _____

_____(____/____/____)
Last First MI

City _____, Florida Zip _____

7 Type of Business _____

8 Business Phone () _____

**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 \$24.95 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 \$24.95 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: \$299.40

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