

APP.BUS (8.14)

Franchise # 92093



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: 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.

Please Choose plan: O Small Biz 10

	OFFICE	USE C	NLY
CWA		PLAN	
FOB		FRAN	
MODE		GR#	92093

O Small Biz 50

BUSINESS OWNERS ENROLLMENT APPLICATION

O MAS

Today's Date $\frac{1}{MM} \frac{1}{DD} \frac{1}{YYYY}$	Please Choose plan:	Small Biz 100	Add: O GoSmallBiz
A \$10 non-refundable fee is required for ind letters, using ONLY BLUE or BLACK INK.	ividual enrollments in FL, MA, ar	nd TN. Please print	LEGIBLY in ALL CAPITAL
1 Member Informat non-public information and LegalShield to	akes care to protect your infor	mation.	
Federal Tax ID # For Internal Use Only	Type of Business		
Business Name	Ow	ner(Authorized to	add/delete plan users)
Number of Employees	State this bu	siness is organiz	ed in
Is stock of the business publicly trade is this a FOR PROFIT business? • Ye		ize NON- PROFIT e nis plan.	entities are <u>NOT</u> covered
Address			Apt.#/Ste#
City	State	Zip + 4	
Phone # () Business Ext	()	()	
Business Ext	. Home	Cell	
monthly newsletter. Note: We	do not sell your personal infor		ur email to receive a rd parties.)
2 Authorized Users Business.			ion to legally bind the
Name Last, First	Title Name Last, Fir	rst	Title
Name Last, First	Title Name Last, Fir	rst	Title
Associate Use Only	Associate # [Bus. Phone ()
Associate Name Last	 First		
Associate SSN(If Licensed)	Associate Lic. Nu	mber(In Florida)	
Commission Split(Associate #)	Broker/Producer	, , ,	

Associate Signature X

Please fill out for option	+ \$	ank Draft) or OPTION = \$.		ard) payment (If paying by coard, I realize i	credit
Monthly /Annual draft/ Charge amount	One-time enrollment fee	Total enclosed by money order, or ch to credit card	check,	charge will incone-time enro	lude a Ilment
OPTION 1: O Monthly On to be drafted.) Or O Saving authorize LegalShield, to make the Financial Institution list terminate the authorization. Name of Bank	ings Account (Attach wake direct payment by ed below. This authorith.	verification.) Authoriza v charge/draft of my ch ty will remain in effect u	tion for Ele necking/sav until you no	ctronic Prem ings account	ium: I from
Address ————		City	State	ZIP + 4	
Account #		City Transit #			alactron
Address Account # When you provide a check as fund transfer from your accompayment is received. Your accompayment is received. Your accompayment changes, we would be a check as a check as fund to be a check as fund to	as payment, you authorice ount. Funds may be with ecount will be drafted for waive your right to now will notify you at least to the count will appear of annual Paymen	City Transit # ize LegalShield to converted to the same amount each obtification of continued and days before the payment by Credit Card wish	ert the pape unt as soon h month on payment. I nent date.	er check to an as the same of or about the f the amount credit card ur	lay effective or date o
When you provide a check a fund transfer from your accompayment is received. Your addate of your membership. Your payment changes, we work to be a check as a check a	as payment, you authorice ount. Funds may be with ecount will be drafted for waive your right to now will notify you at least to the count will appear of annual Paymen	City Transit # ize LegalShield to convente had a mount each or the same amount each otification of continued en days before the payment by Credit Card wish like the charged each monitorial continued and the charged each monitorial continued in the charged each monitorial continued each each each each each each each each	ert the pape unt as soon h month on payment. I nent date.	er check to an as the same of or about the f the amount credit card ur	lay effective or date o ntil I revok
When you provide a check a fund transfer from your accompayment is received. Your addate of your membership. Your payment changes, we want to be authorization in writing. Cardholders Name Last	as payment, you authoricunt. Funds may be with ecount will be drafted for waive your right to now will notify you at least to the count will notify you at least to be a count will realize my account wi	City Transit # ize LegalShield to convente same amount each or the same amount each obtification of continued en days before the payment by Credit Card wish like the charged each monification of continued for the payment by Credit Card wish like the charged each monification of the charged each monification of the charged each monification.	ert the pape unt as soon h month on payment. I nent date. n to pay by th (or Annua	er check to an as the same of or about the f the amount credit card ur	lay effective or date o

In AL, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **In FL**, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **In NJ**, any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **In OR**, any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information concerning a material fact may be subject to criminal or civil penalties and/or cancellation of the contract. **In TN**, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant: I understand the contract sets forth the terms of my membership. These terms include any exclusions or limitations and I agree to be bound by the same. I also understand, when possible, the company may electronically send the contract to me at my email address unless the applicant communicates to the insurer in writing that he/she does not agree to delivery by electronic means. If I have not listed an email address, the contract will be sent by regular mail. Also, if a state requires delivery through mail, the contract will be sent by regular mail. I understand my membership cards will be sent by regular mail. I may ask for a mailed copy of the contract at any time by calling Member Services at 1-800-654-7757. If I have not received my contract in 10 days, I understand I should contact LegalShield to obtain a copy. The contract, together with this application, acts as 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 contract.

By signing this application I confirm this business is legally operating in the United States and agree to the above Authorization of Payment and membership fees selected above.