AAA LEGAL, INC.

Corporate Offices: 16839 Gale Ave, Suite 211, City of Industry, CA 91745

Business Owner Legal Solutions Plan

ENROLLMENT APPLICATION

Plan	Number of people	Monthly	Six Month (10% Off)	Annually (15% Off)
Self-employed or Mini Business Plan	(1-5 persons)	☐ ($99.98/M)	☐ ($539.89/6M)	☐ ($1019.80/1Y)
Small Business Plan	(6-25 persons)	☐ ($199.98/M)	☐ ($1079.89/6M)	☐ ($2039.80/1Y)
Midsize Business Plan	(26-100 persons)	☐ ($299.98/M)	☐ ($1619.89/6M)	☐ ($3059.80/1Y)
Large Business Plan	(101-500 persons)	☐ ($499.98/M)	☐ ($2699.89/6M)	☐ ($5099.80/1Y)
Super Large Business Plan	(501-3000 persons)	☐ ($999.98/M)	☐ ($5399.89/6M)	☐ ($10199.80/1Y)

Member Information

Today's Date: _____ / _____ / _____
Month Day Year

Business Name _____

Federal Tax ID Number _____

Address _____

_____
City State Zip

Business Phone (_____) _____

Email Address _____

RECEIVE IMPORTANT CORPORATE UPDATE!

Owner's Full Name: _____
Last MI First

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.

1. _____
Last MI First Title

2. _____
Last MI First Title

Note: If any of the information on above have changed, you must notify AAA LEGAL immediately.

Associate Use Only

Assigned Associate Number: _____

Associate Name: _____

Business Phone: _____

Associate E-Mail: _____

Questions: We're here to help! Call AAA LEGAL

Marketing Department: 1-626-586-1110

Customer Service: 1-626-586-1130

Office Hours: Monday-Friday 9:00AM– 5:00PM

info@aaalegal.com

WWW.AAALEGAL.COM

(Your privacy is a priority with us! AAA LEGAL will not sell your email address or personal information of any kind to third party vendors.)

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 send the copy of Membership Application and my Membership number with website login information to me by e-mail within the next Five business days. If I have not received my copy of Application within that time frame, I understand that it is my responsibility to call the AAA LEGAL customer service department at **1-626-586-1130** 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.
- ✓ Cancellation should be **30 days before** by signed **AAA LEGAL Cancellation Form.**

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 l am legally residing in the United States of America.

X_____ **Date:**_____

Signature of The Applicant

Payment Information

☐ **Monthly by Credit Card / Debit Card**
☐ **Six Month Payment by Credit Card / Debit Card**
☐ **Annual Payment by Credit Card / Debit Card**

I wish to pay by credit card until revoke this authorization in writing. I realize my account will be charged on or about the 1th or 15th monthly.

☐ **Master** ☐ **Visa** ☐ **Discover** ☐ **Amex**

Your Credit Card Number:

_____ -- _____ -- _____ -- _____

Expiration date:_____ / _____ Amount to be charged: $_____

Billing Zip Code:_____ Security Code (SVV): _____

X _____ **Date:**_____

Cardholder Signature:

I wish to pay by check. Checks should be made payable to:

AAA LEGAL, INC.

☐ **Six month Direct Bill (5% Off)** ☐ **Annual Direct Bill (15% Off)**

Amount enclosed: $_____

X_____ **Date:**_____

Signature of The Applicant