



AAA LEGAL Associate
Corporate Headquarters
16839 Gale Ave, Suite 211 City of Industry, CA 91745

Payment of Personal/Family Plan with Business Account

To Whom It May Concern:

This letter will certify that payments for family plan memberships will be paid through the business account of _____ (Company) and that,

I, _____ (Owner) am the _____ (Title) and a signatory on that account.

Signature

(Owner)

Title

Date
