



(Rev. 10.06)

# Pre-Paid Legal Services\*, Inc., and subsidiaries

Corporate Offices: One Pre-Paid Way • Ada, OK 74820 • www.prepaidlegal.com

# Associate Agreement



### Office Use Only

\$ \_\_\_\_\_

W/mem  L 1

W/Lic  D \_\_\_\_\_

## Personal Information *Please print*

- Fill in EITHER the Individual SSN OR the Federal Tax I.D. No. for Corporations.
- Income will be reported to the SSN you list below.
- The SSN must match the name listed.

**Applicant's Assigned Associate No.** \_\_\_\_\_  
[Available through IVR at (800) 699-9004]

**Applicant's Social Security No.** \_\_\_\_\_  
[Use for Individuals]

**Federal Tax I.D. No.** \_\_\_\_\_  
[Use for Corporations]

If operating under a company name, print it here:  
[NOTE: Company name must correspond to Federal Tax ID No. listed above.]

Applicant's Last Name \_\_\_\_\_

Applicant's First Name \_\_\_\_\_

Spouse Name \_\_\_\_\_  
Last First M.I.

Mailing Address \_\_\_\_\_

Apt. No. \_\_\_\_\_ Ste. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Shipping Address \_\_\_\_\_  
NOTE: SUPPLIES WILL NOT BE SENT TO P.O. BOXES

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Today's Date \_\_\_\_\_  
Month Day Year

Applicant's Date of Birth \_\_\_\_\_  
Month Day Year

Home Phone ( ) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_  
RECEIVE IMPORTANT CORPORATE NEWS!

Intro Kit Issued by \_\_\_\_\_  
Name Associate Number

**Sponsoring Associate** (Associate under whom the new Associate is being paid or is signing under)  
 By signing this form, I certify that I understand I am responsible for working with the new Associate listed on this Associate Agreement.

x *S. T. Pappas*

11273040 / 3 813.600.3292

Assoc.#

Phone

## Payment Information

**Certified Field Training Entry Fee** **\$249.00**  
 OR  Associate Agreement Entry Fee **65.00**

**TOTAL TO PPLS: \$ \_\_\_\_\_**

**PPL License Application Fee**  
 Include if required by your state. **Must** be a separate check. Completed license application **must** accompany fee.

**TOTAL LICENSE FEES: \$ \_\_\_\_\_**

**Paid by:**  
 MONEY ORDER  CHECK  VISA  MASTERCARD  DISCOVER  AMEX  
 Your Credit Card Number \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

Cardholder's signature: x \_\_\_\_\_

**Member Advantage Services (MAS)** provides follow-up phone calls, emails and letters to your members encouraging use of their memberships to increase retention potential.

By checking this box, I affirm I want to sign up all memberships written for MAS and agree to the following terms: • Cost is \$5.95 per member. • All charges from MAS will be deducted from PPL commissions. • Registrations may not process if commission balance is negative. • There are no refunds or credits. • Written notice must be submitted to PPL to stop service. • It is up to the Associate to ensure correct account information and contact PPL as soon as possible with any updates.

**Choose ONE of the following methods by which you wish to receive commissions for memberships written under this Associate Agreement:**

1-Year Earnings Plan OR  3-Year Earnings Plan

*The advance amount you receive is the same under both options, but your earnings, renewals, and chargeback amounts will differ between the two. For details on compensation, please see a complete Pre-Paid Legal Associate Compensation Plan. If you do not select one of the compensation methods listed, you will automatically be paid on the 1-Year Earnings Plan for memberships written under this Agreement.*

### Receive Commissions by Direct Deposit!

**CHOOSE ONE:**  Daily OR  Weekly OR  Monthly  
(Subject to minimum accrual and other criteria established by the company)

### We need your account information for direct deposit.

**CHOOSE ONE:**  Checking OR  Savings OR  
 Use the same account used for the Associate Agreement Entry Fee

To be paid by direct deposit, you must include a voided check or deposit slip from the account into which the commissions are to be deposited **UNLESS** you are paying your Associate Agreement Entry Fee by check from the same account into which you want your commissions directly deposited. If you do not provide information for direct deposit and check one of the options above, you will be paid commissions by check on a monthly basis subject to minimum accrual and other criteria established by the company.

Associate fees will not be refundable unless the Associate Agreement is terminated by the Associate within the first 30 days after the effective date, any marketing materials or supplies are returned in usable condition and the Associate has not sold any memberships or recruited any other Associates.

### Placing Associate:

By signing this form, I certify that I understand I personally recruited this new Associate and placed him or her in my organization under the Sponsor listed.

Assoc.#

Phone