



Pre-Paid Legal Services®, Inc.
P.O. Box 1379
Ada, OK 74820

(GROUP) BUSINESS REPORT SHEET

Authorized Associate: _____ Associate No: _____

Date _____ State _____ Mode of Payment: P.D. F.B. B.D.

Note: Use a separate form for each payroll account -- All forms **MUST BE TYPED OR PRINTED.**

Name of Employer or Assoc. _____
 Address _____
 City, State, Zip _____
 Special Requests and Comments _____
 Servicing agent signature _____

ADRS Group? Yes No
 New Fringe? Yes No
 Additions to Existing Fringe? Yes No
 New Payroll Account? Yes No
 New Bank Draft Account? Yes No
 Additions to Existing Payroll Account? Yes No
 Additions to Existing Group Bank Draft? Yes No

MEMBERSHIP NUMBER	DATE OF APP.	NAME OF MEMBER (Last) (First) (Middle)	CASH WITH APP.	NOTES
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