



PAYMENT FORM A

PRIMARY MEMBER NAME: _____

Membership Number: _____

A) CREDIT CARD

To pay by Credit Card (Visa, MasterCard, American Express, or Discover Card)

Please indicate your choice of membership:

- Five Year Platinum Membership (with 50% Discount off all other legal work) **\$ 1,250.00**
 - No Enrollment Fee
 - Priority Call-In
 - Additional Pre-Trial and Trial Hours
 - 3 Day Vacation Package
- Three Year Gold Membership (with 33% Discount off all other legal work) **\$ 900.00**
 - No Enrollment Fee
 - Priority Call-In
 - Additional Pre-Trial and Trial Hours
- One Year Membership (with 25% Discount off all other legal work) **\$ 300.00**
 - One-Time Enrollment Fee of **\$15.00**
- Semiannual membership (6 Months) **\$ 150.00**
 - One-Time Enrollment Fee of **\$20.00**
- Monthly membership (1 Month) **\$ 25.00**
 - One-Time Enrollment Fee of **\$25.00**

Please provide your credit card number, expiration date, and signature:

Card type: Visa MasterCard American Express Discover Card

Account #: _____/_____/_____/_____

Exp Date: ____/____

Signature: _____

Please complete, mail or email this form to:

GRACE PREPAID LEGAL GROUP, INC.

2909 Fannin

Houston, TX 77002

payment@graceplg.com

