

Payment Registration Form

Payment Account Type

Automated Credit Card Billing Account

Authorizes Legal Photocopy Services. (herein referred to as LPS) to charge the below Visa, MasterCard, Discover or American Express credit card account for legal support services rendered. A receipt for each payment will be emailed to you immediately on the date of services rendered, at month-end or on the 15th of the following month for the full account balance. You agree that no prior-notification will be provided.

Firm Information

Firm / Customer Name _____

Street Address (No P.O. Boxes) _____ Suite # _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Business Type Sole Proprietorship Corporation Partnership Other

How did you hear about us? _____

Account Administrator's Contact Information

Contact Name _____

Direct Line _____

Email Address _____

Accounts Payable's Contact Information

Contact Name _____

Direct Line _____

Email Address _____

Payment Guarantee

Credit Card Type _____ Expiration Date _____ Security Code _____

Card # _____ Name on Card _____

CC Billing Address _____ Billing Zip Code _____

Acceptance of Terms

It is acknowledged and agreed that due to the electronic nature of business transactions, the credit card does not need to be physically present with LPS for charges to be legitimate. The authenticity of such charges will not be contested on this basis. The individual, entity, or firm (hereinafter referred to as the "customer") is the one granted credit. While a third party might directly pay an invoice to LPS on behalf of the customer, LPS maintains no formal association with such third parties and bears no responsibility to seek payment from them. The onus of payment rests solely with the customer to whom credit is extended, and LPS will hold this customer accountable for any due invoices. LPS reserves the right to modify any customer's credit terms at its discretion. This agreement is established in Redding, California, and by finalizing this agreement, you consent to our terms of use.

It's agreed that a faxed or emailed copy of this agreement is as valid as the original. I affirm that I either possess the aforementioned credit card or have received permission from the cardholder to utilize it for services offered by LPS. I recognize that this card may incur charges in accordance with the account preference I've chosen above.

By entering, typing or e-signing your name below as an electronic signature, you are electronically endorsing this Agreement. You acknowledge that your e-signature holds the same legal standing as a handwritten signature, and you accept the terms outlined in this Agreement.

Name _____ Title _____ Date _____

*Kindly submit the filled-out form either by faxing it to (530) 241-6149 or emailing it to accounting@legalphotocopy.com. This will allow our administrator to swiftly activate your account. **Thank you for choosing Legal Photocopy Service.***