

CLIENT APPLICATION



**UNITED
ATTORNEY
SERVICE**

**P.O. Box 6371
Alhambra, CA 91802-6371
Telephone: 626.289.8800 | Fax: 626.289.8860
www.aunited.com | info@aunited.com**

| ACCOUNT TYPE | |
|---|--|
| <input type="checkbox"/> Retainer - all items will be processed in accordance with your client contract once approved | |
| <input type="checkbox"/> Non-Retainer - all items must be prepaid | |
| <input type="checkbox"/> E-Filing System - all items must be emailed to A-United | |

| FIRM INFORMATION | |
|----------------------------|--|
| Firm/Customer Name | Type of Business |
| Attorney Name | <input type="checkbox"/> Sole Proprietorship |
| Attorney Bar No. | <input type="checkbox"/> Corporation |
| Contact Name | <input type="checkbox"/> Partnership |
| Street Address | <input type="checkbox"/> Other |
| City/State/Zip Code | |
| Telephone | How Did You Hear About Us? |
| Fax | |
| Email | |
| Website | |

| ACCOUNT ADMINISTRATOR'S CONTACT INFORMATION | ACCOUNTS PAYABLE'S CONTACT INFORMATION |
|---|--|
| Contact Name | Contact Name |
| Direct Line | Direct Line |
| Email Address | Email Address |

| PAYMENT GUARANTEE AND ACCEPTANCE OF TERMS AND CONDITIONS | |
|--|--------------------------------------|
| Type of Payment | Name of Cardholder |
| <input type="checkbox"/> Visa | Credit Card Number |
| <input type="checkbox"/> MasterCard | Credit Card Billing Address |
| <input type="checkbox"/> American Express | Last 3 Digits on back of card |
| <input type="checkbox"/> Check | Expiration Date |

| ACCEPTANCE OF TERMS | | | |
|--|---------------------|------------------|-------------|
| <p>A valid credit card is required to open an account with A-United Attorney Service (A-United) as a guarantee of payment. For retainer clients, it is understood and agreed that the credit card will be used as a guarantee of payment and that all invoices will be charged to the customer's credit card in the event that invoices are not paid within 30 days from the date of services rendered by A-United. For non-retainer clients, it is understood and agreed that the credit card will be used immediately on the date of service. Payment obligations rest solely with the person, firm or company to whom credit is granted and A-United will hold that person, firm or company liable for payment of any invoice. A-United does reserve the right to restrict the credit of any customer for any reason. It is also agreed that this contract is negotiated in California. Furthermore, it is understood and agreed that by signing this form, you agree to accept our "Terms and Conditions".</p> <p>I hereby certify that I am either the holder of the above referenced credit card or have been authorized by the holder of the card, to use it for payment of services provided by A-United Attorney Service, Inc. I also understand that this card may be charged for any invoices pursuant to my account type either immediately or for invoices over 30 days past due.</p> | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Printed Name</td> <td style="width: 33%;">Signature</td> <td style="width: 33%;">Date</td> </tr> </table> | Printed Name | Signature | Date |
| Printed Name | Signature | Date | |

Fax completed form to: Attn: A-United Billing Department - 626.289.8860