



Gulick Trucking Inc.

DRIVER: _____
First Middle Last

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ CELL PHONE: (____) _____

SOCIAL SECURITY #: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE #: _____ STATE: _____

COMPANY: _____ WORK NUMBER: (____) _____

PAYMENT BY: MONEY ORDER, or CASHIER'S CHECK (ATTACHED) ONE YEAR FEE OF \$150 SIX MONTH FEE OF \$80

CHOOSE PAYMENT TYPE: CREDIT CARD or BANK DRAFT

MONTHLY DRAFT OF \$13.50 UNTIL CANCELLED ONE YEAR FEE OF \$150.00 SIX MONTH FEE OF \$80.00
CREDIT CARD INFORMATION: VISA AMERICAN EXPRESS MASTERCARD DISCOVER

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

SIGNATURE: **X** _____ DATE: _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (BANK DRAFT)

I hereby authorize Drivers Legal Plan (DLP) to initiate debit entries to my _____ Checking _____ Saving Account (select one) indicated below at the depository financial institution below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the Organization of ACH transaction to them must comply with the provisions of U.S. law.

Depository Name (Bank Name) Branch (if applicable) City State Zip Code

Routing Number (left bottom of check) Account Number First date draft available – will draft on Friday following same Friday each month.

MONTHLY DRAFT OF \$13.50 UNTIL CANCELLED ONE YEAR FEE OF \$150.00 SIX MONTH FEE OF \$80.00

This authorization is to remain in full force and effect until DLP has received written notification from me of its termination is such time and in such manner as to afford DLP and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE: **X** _____ DATE: _____

PLACE VOIDED CHECK OR DEPOSIT SLIP WITH
ROUTING AND BANK ACCOUNT NUMBER HERE
FOR BANK DRAFT OPTION

I hereby authorize Drivers Legal Plan to employ any attorney to represent me, and sign my name, with my full authority and discretion to resolve any matter in connection with any and all traffic tickets and/or DataQ challenges I may have. In order to fulfill my obligation under the Federal Motor Carrier Safety Regulations section 383.31 and my employer/lessor's safety policy, I hereby authorize Drivers Legal Plan to communication with my employer/lessor regarding my case. This authority will remain in effect until revoked by me in writing.

SIGNATURE OF DRIVER: **X** _____ **DATE:** _____

EMAIL TO: DLP@Driverslegalplan.com

OR MAIL TO: 6709 N. CLASSEN BLVD., OKLAHOMA CITY, OK, 73116