Atticus Rainmakers ™
Registration Form
Florida Justice Association

AMEX **VISA** **MasterCard**

_____
Name (as it appears on credit card)

_____
Billing Address City State Zip Code

_____
Credit Card Number Expiration Date

I hereby authorize Atticus, Inc. to charge my credit card account for:

- **A one-time set-up fee of $195 *immediately*** upon signature of this form.

PLUS

- **$125 per month** until I choose to terminate my membership in writing prior to the 5th of the month. (Note: Credit Card payments are processed by the 10th.)

_____
Cardholder Signature Authorization Date

Attorney: _____Firm: _____

Best PH#: _____ E-mail _____

SHIPPING: Where would you like us to ship your Quick Start Kit?

____ Same As Above ____ Different, See Below

_____

Please print, complete and fax to Atticus at 352-383-8637

ATTICUS ®

FLORIDA JUSTICE ASSOCIATION