

# ATTORNEY COVER PAGE

Attorney Name:

Name of Law Firm:

Address:

City State Zip:

Attorney Bar Number:

Telephone Fax:

Email:

URL (if applicable):

Client Name(s):

Please prepare a  Chapter 7 or  Chapter 13 for  Consumer or  Business

IF PAYING BY CREDIT/DEBIT CARD, FILL OUT THE CARD INFORMATION BELOW:  
THEN FAX THIS COVER PAGE AND ALL THE CLIENT INTAKE FORMS TO 503-228-3394

**Account No.** \_\_\_\_\_ **Name of account holder** \_\_\_\_\_

**Expiration date** \_\_\_\_\_

**Billing address** \_\_\_\_\_

**Please charge \$150.00 to my credit / debit card for my client's bankruptcy petition**

**Signature:** \_\_\_\_\_

**OR, MAIL WITH YOUR \$150.00 PAYMENT TO:**

INDEPENDENT PARALEGAL SERVICES

418 SW Washington #407

Portland, Oregon 97204

if you have any questions, call us toll-free 1-800-266-0316

NOTE: Our fee includes all the additional services listed on the next page. In case of changes, Independent Paralegal Services provides replacement pages at no additional cost.

## FREE 30-DAY TRIAL OFFER

All attorneys utilizing the services of Independent Paralegal Services are provided the convenience of 30 day deferred billing. This applies to credit card purchases also. We provide you with our services without any initial cost. Only after the bankruptcy petition has been approved by you, and you are satisfied with our high-quality, is payment required or your credit card charged.

