

INSURANCE INSTITUTE OF NEW JERSEY, LLC
For Class Being Held At:
1445 RT. 130 SOUTH, NORTH BRUNSWICK, NEW JERSEY 08902
(Phone) 732-300-1910 (Fax) 732-415-1320

BAIL BOND Pre-LICENSING CLASS REGISTRATION FORM

How did you hear about us? _____

DATE _____

COURSE – BAIL BONDS, DATE YOU WISH TO ATTEND _____

Bail Agency sponsoring you _____

NAME _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ Cell (_____) _____

SSN _____ DATE OF BIRTH _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

Method of Payment: Cash _____ Credit Card _____ Check _____ PayPal _____
(Attach receipt of payment)

I understand I must arrive 15 minutes prior to the start of class. Classes start at 9:00am end at 3:30 pm (for 2 days). If I miss any class time I must make it up at a rate of \$25.00 per hour. Any unpaid tuition or make-up fees will prevent you from being issued a Certificate of Completion (required to take the state exam). If I do not attend I will not receive a refund. I may reschedule with a \$25.00 service charge.

**I understand if I do not pass the state exam I may attend the class again at no charge by scheduling a new time. If I desire private tutoring in addition to the class, I may do so by appointment at the rate of \$25.00 per hour (\$75.00 Minimum).
Any unpaid balance is subject to collection agency fees, court costs and attorney fees.**

I have read, understand and agree to the above terms and all information I supplied is accurate.

SIGNATURE _____

Print Name:

INSURANCE INSTITUTE OF NEW JERSEY

Authorization to charge credit card via PAYMENT SYSTEMS Payment Management Company

I, _____, Authorize Insurance Institute of New Jersey and/or its Payment Processor, Payment Systems (hereinafter "Company"), to electronically charge and/or debit my below listed credit card(s), for the amount listed below,

The amount of; \$_____ on the below Card.

I understand I can not chargeback this payment authorization.

Or

_____ Payments of \$_____ _____ weeks apart.

Credit Card # _____ EPX Date _____

Card Code on back (3 digits) _____ Type of card _____
(American Express 4 digits on front top right corner)

Card Holder Name _____

Bill to Address _____

Bill to City _____ State _____ Zip _____

By signing below I authorize this and future transactions and shall constitute my obligation to "company" for payment for insurance class I will attend (if I do not attend I will not receive a refund). I understand I am responsible to pay Collection Agency fees, including court costs and attorney's fees I understand and agree that "company" need not have the physical credit card(s) listed above in its possession to process the aforementioned charge(s), and I authorize same deductions to be made electronically, with my signature on file providing the necessary authorization in the event that there is insufficient credit available to fully reimburse "company" for it's aforementioned losses, or in the event that the amount due is charged back or otherwise not, paid to "company", for any reason, I understand that "company" retains the right to sue me for any and all outstanding balances owed, minus any funds already obtained.

I understand and agree that my signature below constitutes my explicit permission to deduct the funds, and certifies that I have read and understand this agreement. I further agree to pay the below listed total amount according to card issuer agreement (merchant agreement if credit voucher).

I understand I can not chargeback this payment authorization.

X _____ DATE _____
Card Holder

Print Name: _____

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