

**INSURANCE INSTITUTE OF NEW JERSEY**

**Phone and Fax (866) 502-5277 Email [info@InsuranceInstituteOfNewJersey.com](mailto:info@InsuranceInstituteOfNewJersey.com)**

**Bail Bond Course Affiliate Program**

Enroll your agency in our program. Simply fill out the form and fax it or email it to us. We will pay you \$25.00 beginning with your 2<sup>nd</sup> referral.

We also allow you to place a banner ad on our website to your agency. We also would like to do a link exchange (allows you better position). Also, you can advertise on our site and school for help wanted.

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

Main Address \_\_\_\_\_ City \_\_\_\_\_

Website \_\_\_\_\_ Contact \_\_\_\_\_

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**COURSE – BAIL BONDS, DATE YOU WISH TO ATTEND \_\_\_\_\_**

**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:**

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