



Tel 305 267 1041 or Toll Free at 1-866-412-7247

Fax: 305 269 0473

www.a247class.com

E-Mail: questions@a24-7class.com

Dear Attorney and, or Administrator,

Thank you very much for your interest in our Education Partner Program.

We offer this Program as an alternative to the simple referral of your clients to our web site where there is little or no involvement by the attorney. Your client can still have a copy of their certificate e-mailed to you upon completion. However, your involvement is limited. Some attorneys prefer this acceptable method.

Under the Education Partner Program, your firm actually registers your client, pays¹ for their course and you automatically receive a copy of their certificate upon completion. You can actually track the progress of your clients under our Student Management link and download their certificate at any time. There is **no additional charge** for becoming an Education Partner! Want to demonstrate this Program and even register a sample client go to our site and login as an Education Partner (top right of screen at www.a247class.com) as

Login: testED

PW: 123

On the next pages, you will find an Information Sheet and Credit Application. If you will be paying via firm credit card, it is not necessary to complete the Credit Application. Please fax the completed Information Sheet and Credit Application, if needed, to 305 269 -0473.

Upon receipt, of the completed Information Sheet, you will receive an e-mail within 24 hours confirming your enrollment in our program along with instructions. They are self-explanatory; however, we are available to discuss any questions you may have. Just call us toll-free to 1-866-412-7247.

Sincerely,

Richard A. Garcia, CPA

Attachments

¹ This is acceptable per the US Trustee Program web site.
http://www.usdoj.gov/ust/eo/bapcpa/ccde/de_faqs.htm

**A 24/7 Class.com**
by A 24/7 Bankruptcy Class, Inc.
5775 NW 11th Street (Blue Lagoon Drive)
Suite 230
Miami, FL 33126
Tel 305 267 1041 or Toll Free at 1-866-412-7247
Fax: 305 269 0473
www.a247class.com
E-Mail: questions@a24-7class.com

EDUCATION PARTNER INFORMATION SHEET

Please print all information as clearly as possible

Fax Completed Form to 305 269-0473

Name of Firm: _____

Address: _____
Street

Suite #

City St Zip

Tel: (_____) _____ Fax: (_____) _____

Primary Contact: _____

E-Mail: _____

Approximate # of bankruptcy filings per year _____

Method of Payment(s)-Select Desired Method

- Credit Card
- E-Check (Debit to Account) Firm Initiated
- Firm Bill (Requires Credit Application-Attached)
- ACH Debit Initiated by A 24/7 Bankruptcy Class (Requires ACH Agreement-Attached)



Fax Completed Application to 305 269-0473
This Form should only be completed if you would like us to bill your Firm for students taking our course

CREDIT APPLICATION

Date: _____

CORPORATE INFORMATION

Corporate Name: _____

Federal EIN: _____

Address: _____

Street _____ Suite _____

City _____ State _____ Zip _____

Telephone: () _____ Fax: () _____

Billing Contact: _____ Title: _____

Email Address: _____

Proprietorship Corporation
 Partnership/LLC Individual

Trade Reference:

Name: _____

Address: _____

Telephone: () _____ Fax: () _____

Bank References:

Bank: _____

Address: _____

Telephone: () _____

Contact: _____

TERMS AND CONDITIONS:

In completing this application, I/we understand that all accounts, unless otherwise arranged, are payable on or before the 10th day after the date stated on each invoice. If not paid on or before the said date, it will be considered delinquent. I/we agree to pay interest and the rate of 1.5% per month on the balance.

If credit is granted, I/we agree to the above terms and the undersigned is/are responsible for payment on the account. I/we do further agree, that if the account must be placed for collection, to pay any and all collection fees, attorney fees, and court costs associated with said collections.

Print Name: _____ Signature: _____

Title: _____ Date: _____

ONLY COMPLETE IF YOU WOULD US TO DEBIT YOUR ACCOUNT FOR STUDENT FEES

**Company
Authorization Agreement
For Automatic (ACH) Debits**

Date Completed (MM/DD/YY) _____

Firm Name: _____

Firm Address: _____

STREET NUMBER

CITY

STATE

ZIP CODE

I (We) hereby authorize A 24/7 Bankruptcy Class, Inc. (dba Advantage Bankruptcy Class, Inc.) to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my (our) account indicated below and the DEPOSITORY to debit and/or credit the same to such account.

Bank Name: _____

Bank Address: _____

STREET NUMBER

CITY

STATE

ZIP CODE

Type of Account: **CHECKING** **TRUST**

Transit / ABA Number: _____ **Please attach VOIDED Check**

Account Number: _____

Amount to Deposit: \$ STUDENT COURSE FEES UPON REGISTRATION

Description: UPON REGISTRATION BY LAWYER OF CLIENT

AUTHORIZATION

This authority is to remain in full force and effect until notified
By me (us) or A 24/7 Bankruptcy Class, Inc (dba Advantage Bankruptcy Class) of termination revocation.

By, Authorized Officer: _____
SIGNATURE OF AUTHORIZED OFFICER DATE SIGNED

(PRINT OR TYPE) NAME & TITLE OF AUTHORIZED OFFICER

OFFICE USE ONLY

	BY	DATE
<input type="checkbox"/> Form Received:	_____	_____
<input type="checkbox"/> Prenotification Sent:	_____	_____
<input type="checkbox"/> ACH Maintenance Completed:	_____	_____