BROOKLYN SCHOOL OF REAL ESTATE

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SALESPERSON ENROLLMENT FORM

DATE	20	
	PERSONAL	INFORMATION
FIRST NAME	MI	LAST NAME
HOME ADDRESS		
CITY	STATE	ZIP
HOME PHONE	Мог	BILE PHONE
Work phone		
E-MAIL ADDRESS		
Cmybm byme		20
COMPLETION DATE		20
THE COURSE HAS TO BE COMPLETED	WITHIN THREE MONTHS FRO	M THE START DATE. AFTER THREE MONTHS EXTRA CHARGE WILL BE APPLIED
	CREDIT CAR	RD INFORMATION
CREDIT CARD HOLDER NAME		·
Card Type	(VISA or M	MASTERCARD)
SECURITY CODE NUMBER	(last 3 digi:	T ON THE BACK OF YOUR CREDIT CARD) ZIP CODE
Card number		EXP. DATE
Amount to be charged: _		
	Signature	
	HOW DID YO	U HEAR ABOUT US?
Broker REFERRAL NAME		
		INKEDINWebsiteFRIEND