

E N R O L L M E N T F O R M

# Comprehensive Consulting & Technical Assistance Program

To enroll simply fill out this form and

email to: [ecruz@nationsbusinesscenter.com](mailto:ecruz@nationsbusinesscenter.com)  
 fax to: (305) 591-4258

or

mail to: Nations Business & Tax Centers, Inc.  
 2510 NW 97 Ave Ste 140  
 Doral, FL 33172

Business Name:

Your First Name:

Last Name:

Social Security #

Date of Birth:

Spouse First Name:

Last Name:

Address:

Unit:

City:

State:

Zip:

Phone: ( )

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Email:

Please charge \$39 to my credit card each month.

Select One:      Visa      Mastercard      American Express

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Please debit \$39 from the following bank account.

Name on Account: \_\_\_\_\_

Bank Routing/ABA # (9digits): \_\_\_\_\_ Account #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

O F F I C E U S E O N L Y

Rec'd: \_\_\_\_/\_\_\_\_/\_\_\_\_ Prcsd: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
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Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_