



Key Medical Resources K-Pass Registration and Payment Agreement

I'm Interested in:
 More information on K-Pass!
 Starting K-Pass Now!

For Office Use:
Name Badge: _____
Entered into Enrollware: _____
Square Verification _____
License Verification _____

K-Pass Holder Information:

Name (First, Middle, Last)

Address (Street, City, State and Zip)

Phone

Email

Professional Certificate/License Type (i.e. CNA, RN, Student) License Number (REQUIRED)

Sign up for:	Price	Auto-Pay (18 month Term)	Quarterly Cash Installments (12 month term)
<input type="checkbox"/> CNA/HHA K-Pass	\$270.00	\$15.00 per month	\$67.50 per quarter
<input type="checkbox"/> LVN/Psych Tech K-Pass	\$360.00	\$20.00 per month	\$90.00 per quarter
<input type="checkbox"/> RN New Grad/Student/RCP K-Pass	\$450.00	\$25.00 per month	\$112.50 per quarter
<input type="checkbox"/> Experienced RN K-Pass	\$540.00	\$30.00 per month	\$135.00 per quarter

Method of Payment:

- Check (Check Number: _____)
- Auto-Pay (18 Month Term) *Credit Card Required
- Quarterly Cash Installments (12 Month Term) *First Payment Due Now
- Cash (Paid in Full)
- Credit Card (Paid in Full)

K-Pass Duration:

K-Pass Start Date _____
K-Pass End Date _____

Credit/Discount: _____

Paid Today: _____

Remaining Balance: _____

Auto Pay: Recurring Payments will be automatically charged to provided Credit Card on the following date(s) each month/week/biweekly: _____
Quarterly Cash Installments: Cash payments are due the 15th of each quarterly month schedule February 15th, May 15th, August 15th, November 15th. Payments must be made in person to: Key Medical Resources Office at **9744 Crescent Center Drive Suite 506, Rancho Cucamonga Ca, 91730**, during normal Business hours.

Credit Card # Card CVV Exp. date

Signature

K-Pass Payment Agreement:

By signing this document I am agreeing to pay a set amount for the ability to take courses through KEY MEDICAL RESOURCES INC. This set amount covers course fees only and I am responsible for any additional co-payment that relates to the course; materials, books, cards, etc. This will continue through the duration indicated above.

K-Pass holder agrees to pay in full the total price of specified k-pass within the terms indicated above. Failure to pay will result in withholding of course completion certificates, legal actions including collections and further civil action.

K-Pass cannot be refunded, exchanged, or transferred.

Regardless of courses taken within the specified duration the full amount of the K-Pass is to be paid in Full.

(For Auto-Pay 18 month Payment option) I authorize Key Medical Resources to charge my credit card above for the agreed upon purchase. I understand that my information will be saved to file for future transactions on my account.

Print/Signature

Date