



Attached below is the registration form for our classes. Class is very limited; Please make your reservation AS SOON AS POSSIBLE so that we can make necessary arrangements. Please print and complete the attached registration form. You can return it by email, fax, or you can stop by the office during business hours. Payment may be made on our website, in person, or by simply completing the registration form and bringing it in to the office. If you are registering for Basic Income Tax School and choose the payment plan, you may make your first payment as per the registration form. ***If you are registering for the Self-Study course, payment must be made prior to picking up class material (payment plan not available for self-study course).*** Feel free to call Raquel or Heather if you have any questions or concerns. Hope to see everyone soon!

Thank you,

BESTax & Insurance

Business Hours:

Monday: 10:00AM – 6:00PM

Tuesday: 10:00AM – 6:00PM

Wednesday: 10:00AM – 6:00PM

Thursday: 10:00AM – 6:00PM

Friday: 9:00AM – 5:00PM

Saturday: CLOSED

Sunday: CLOSED

Address: 23962 ALESSANDRO BLVD STE Q; MORENO VALLEY, CA 92553

Phone Number: (951)653-2202

Fax: (951)653-2473

Email: bestax25@gmail.com



**Please Return with payment immediately to ensure Reservation
California Comprehensive Basic Tax Course (60 Hours)**

Name (Please Print): _____

Social Security #: _____
(Must Have)

Phone: _____
Home Cell

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address (Must Have) _____

Class Attending: **California Comprehensive Basic Course** Time: **Tue/Thur**
Sat
Self-study/Online

COST: \$495.00 if payment is received in full prior to the start of class
OR Payments of \$250. prior to the start of class,
\$145. due by October 5th, 2021, and
\$145. due by October 19th, 2021

Payment Method CASH CHECK
CARD TYPE M/C Visa Discover

CARDHOLDER NAME _____
(exactly as it appears on the credit card)

CARD NUMBER _____
EXPIRATION DATE (MM/YY) _____

V-CODE _____
BILLING ADDRESS: _____ ZIP: _____

CHARGE AMOUNT: _____

CUSTOMER AGREES & ACCEPTS: By signing below, I agree that this is my credit card, and I am authorized to charge on this card. I agree I will not dispute the charge on my card for this payment. The charges will appear on my statement as BESTax & Ins. Authorize to run credit card payment: _____

Class Location: **23962 Alessandro Blvd, Ste Q; Moreno Valley, CA 92553**
Phone **(951)653-2202**

Enrollment Terms:

The courses offered are subject to cancellation in the event of insufficient enrollment. Students will receive training in the subjects outlined in the promotional literature. Completion of the course does not guarantee employment, nor are graduates required to work for the company. If for any reason the student is not satisfied, they may withdraw. Books & material fees are nonrefundable after the first session unless the class is cancelled, in which case, upon return of materials in reusable condition, all fees will be refunded. I have read and understand the cancellation policy as stated above. Please enroll me in the course I have specified. I understand this agreement becomes a legally binding agreement upon the school's written acceptance of my application for admission.

Student or Card Holder Signature: _____ Date: _____