



# APPLICATIONS AND PAYMENT DUE BY JANUARY 12, 2018



## GENERAL INFORMATION: (PLEASE PRINT)

Company: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## 2018 PARTNERSHIP PROGRAM RATE:

- ☐ **PREMIER** \$3,500
- ☐ **ELITE** \$6,500
- ☐ **ULTIMATE** \$10,000 (2017 Ultimate Partners only)

☐ I am interested in upgrading to **ULTIMATE PARTNERSHIP** if space becomes available

## BILLING PREFERENCE: (CHECK ONE)

- ☐ Annually ☐ Semi-annually (CREDIT CARD ONLY)

## PAYMENT: (CHECK ONE)

- ☐ Check Enclosed for **FULL PAYMENT** [Made payable to CAI-NJ]
- ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

After initial payment, I give permission for the above to be charged June 1, 2018 (for semi-annual billing).

Card holder's Name: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

With my signature below I affirm that I am authorized to make the above commitment on my company's behalf. I have read and understand the benefits associated with this sponsorship and agree to pay in accordance with CAI-NJ payment terms. I understand that this form becomes a contract when signed.

Authorized Signature \_\_\_\_\_

## PAYMENT OPTIONS:

1. Payable by check written out to: CAI-NJ

Mail completed form with check to:  
CAI-NJ-Partnership Program  
500 Harding Road  
Freehold, NJ 07728

2. Payable by credit card:  
Fill out credit card info above and fax completed form to 609.588.0040 or email [info@cainj.org](mailto:info@cainj.org)

## QUESTIONS?

Contact CAI-NJ at (609)588-0030 or email: [info@cainj.org](mailto:info@cainj.org)