



SALESPERSON PRE-LICENSE COURSE APPLICATION

Full Name: _____
(First) (Middle) (Last)

Address: _____

Cell Phone: _____ Email Address: _____

Acceptable Payment Methods:

Tuition: \$450.00

Credit Card



Card Number

Month

Year



Expiration Date

Security Code

Cardholder Name



Course Location: Blanchard and Calhoun Institute of Real Estate
601 Scott Nixon Memorial Drive, Augusta, Ga 30907

*"I acknowledge that I received a copy of the School Policy
with this application and that I have read and understand it."*

Application Date

Applicant's Signature

Return completed application and tuition payable to:
Carmen Blanchard-Stitt
carmen@blanchardandcalhoun.com
601 Scott Nixon Memorial Drive
Augusta, Ga 30907