



NREMT Account Management

ALL INFORMATION MUST MATCH YOUR NREMT ACCOUNT

**PLEASE TYPE OR PRINT
ALL INFORMATION IS REQUIRED**

NAME: _____ NREMT Number: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BILLING INFORMATION - Check this box if same as above

NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Select your billing option

Yearly - \$20.00 Monthly - \$2.50

I am a current LMS Subscriber. Please combine this charge with my existing LMS account charge so that I can receive a 50% discount (\$10/year or \$1.25/month) on the NREMT Account Management Fees

I am a current LMS Subscriber UNDER A GROUP CONTRACT. Please extend the 50% discount (\$10/year or \$1.25/month) to me provided my enrollment with my group continues. I understand I am responsible for this fee and not my group.

READ NOTICE AND SIGN TO ACKNOWLEDGE

ALL THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE. I WILL ADD ESEC, LLC AS AN AFFILIATED AGENCY ON MY NREMT ACCOUNT PROFILE. I FURTHER AGREE TO FORWARD ALL CERTIFICATES TO ESEC, LLC UPON RECEIPT. I UNDERSTAND ESEC, LLC WILL NOT BE RESPONSIBLE FOR RENEWING MY ACCOUNT OR PAYING MY NREMT REGISTRATION FEE. I AUTHORIZE ESEC, LLC TO AUTOMATICALLY BILL THE CARD LISTED BELOW AS INDICATED ABOVE AND I UNDERSTAND MY ACCOUNT WILL AUTOMATICALLY BE CHARGED ON A RECURRING BASIS UNTIL A WRITTEN NOTICE HAS BEEN PROVIDED TO TERMINATE THE AGREEMENT ON OR BEFORE THE RENEWAL DATE. I UNDERSTAND NO REFUNDS ARE AVAILABLE ONCE A CARD HAS BEEN CHARGED AND NO REFUNDS ARE ISSUED FOR EARLY WITHDRAWAL.

CARD HOLDER SIGNATURE: _____ DATE: _____

Credit Card Type: MasterCard Visa Discover AmEx Other _____

Is this a commercial card: Yes No **PO# if req:** _____

Cardholder Name: _____
(as shown on card)

Card Number: _____

Exp. Date: _____ **Billing Zip Code:** _____