



Superior Court of New Jersey Electronic Access Program Enrollment Form

Subscriber Information

All Information Must Be Filled Out to Be Processed

Company Name

Street Address

Suite/Floor

City, State, Zip Code

Contact Name

Title

E-Mail Address **(Required)**

Telephone #

Fax #

Collateral Account Information

Collateral Account #:

User ID Information

Please indicate the number of User IDs being requested: _____.

**For Security Purposes, Please Provide a Question & Answer
or a 6 Digit Pin For Future Calls Regarding Your Account.**

Security Question

Answer

Six Digit Pin

____ - ____ - ____ - ____ - ____ - ____

Subscriber Agreement

I acknowledge that all information supplied in the above form is correct. I understand that if any information changes in the future, to contact the Superior Court Clerk's Office with the necessary information.

Subscriber Signature

Date