

Request for Individualized Tutoring via Telephone

Part 1: Customer Information

Company
Name: _____

Address: _____ City _____ State: _____ Zip: _____

Work Telephone: _____ Fax: _____

Home: _____

E-Mail Address: _____

Part 2: Training Information

Program of interest: Cabinet Pro Door Pro Furniture Pro Garage Pro

Subject for Training Session:

Date of Training:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Date of training must be scheduled on Monday thru Friday.

Time of Day for Training: 6AM Pacific Standard Time

Part 3: Charges

Rate: \$185 for a two hour block of time. (All training sessions are 2 hours in duration, starting at 6AM PST)

Total Cost: \$185 (This is the amount you are authorizing to be deducted from your credit card below.)

Part 4: Credit Card Information

Credit Card Number: _____ Expiration

Date: _____

Name on Credit Card: _____ 3-Digit Security Code (CCV): _____

Address on record with
Credit Card

Company: _____ City _____ State: _____ Zip: _____

I hereby authorize the total cost shown in Part 3 above to be deducted from this credit card.

Signature: _____ Date: _____

The above signature authorizes payment and signifies agreement with the contents of this request for training. You are paying for a block of instructional time. If this meeting is missed, you are agreeing to a \$50 penalty.

This contract is not binding until you receive an approval via email. Once your date has been approved, you will need to download and install the most recent program update, as well as send us a job so that our two computers are operationally the same.