

Request for On Site Visitation

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

No. of People involved in training: ___ No. of Days Needed: ___

Beginning Date of Training:

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

Actual Days: Mon Tue Wed Thu Fri Sat Sun

Part 3: Charges

Travel Expenses to and from location: **\$0.55 per mile from Medford Oregon to your location (one way only)**

Group 1 Rate: **\$700 per day for Mon, Tue, Wed, and Thu**

Group 2 Rate: **\$600 per day for Fri, Sat, and Sun**

Beginning Date of Training:

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

Actual Days: Mon Tue Wed Thu Fri Sat Sun

Calculation of Cost:

\$0.55 x _____ miles = _____ (Multiply 55 cents by the number of miles your location lies from Medford, Oregon)

\$700 x _____ Group 1 Days = _____ (Multiply \$700 by the number days that fall into the Group 1 Rate above.)

\$600 x _____ Group 2 Days = _____ (Multiply \$600 by the number days that fall into the Group 2 Rate above.)

Total = _____ (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 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.

This contract is not binding until you receive an approval via email.