

Request for Training At Cabinet Pro LLC

Part 1: Customer Information

Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Work Telephone: _____ Fax: _____
E-Mail Address: _____

Part 2: Training Information

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

Date of Training:

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

Actual Day: __ Mon __ Tue __ Wed __ Thu __ Fri

Beginning Time of Training:

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

The time for training must fall between 8AM and 5PM, PST.

Part 3: Charges

Calculation of Cost:

\$300 x _____ hours = _____ (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.