

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: **\$0.85 per mile from Medford Oregon to your location (one way only)**

Rate: **\$800 per day plus expenses**

Beginning Date of Training:

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

Actual Days: Mon Tue Wed Thu Fri Sat Sun

Calculation of Cost:

\$0.85 x _____ #miles from Medford, OR = _____

\$800 x _____ #Days = _____

Total = _____ (This is the amount that will 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.