

## *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:

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> 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 or actual expenses, whichever is greater.**

Rate: **\$1,600 per day plus expenses**

Beginning Date of Training:

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

Actual Days:   \_\_Mon   \_\_Tue   \_\_Wed   \_\_Thu   \_\_Fri   \_\_Sat   \_\_Sun

Calculation of Cost:

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

\$1,600 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.**