



Company Request for Training – Shipping 101

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Company Contact _____

Business Phone: _____ E-Mail Address _____

List of Participants (Full Name is required for Certificates and Transcripts)

Dates Requested for training _____

Payment options: Circle One Cash / Check (Credit Cards are accepted online only)

Course Fees: \$895 per student.

Once you have completed this form, please mail or fax it to us and we will send you an invoice for your payment processing and records. All payments or deposits must be received prior to the first day of instruction to guarantee a place in the class.

Signature

Date

