

DEALER EDUCATION APPLICATION FORM
(YOU MUST PRE-REGISTER FOR YOUR CLASS)

Mail or fax this completed application to register into the next available class. You will receive a written confirmation, with the date and location you requested via email.

NAME _____
BILLING ADDRESS _____
CITY/STATE/ZIPCODE _____
(REQUIRED) PHONE # (____) _____
FAX # (____) _____

EMAIL ADDRESS: _____
(USED ONLY TO EMAIL YOU YOUR RECEIPT, CONFIRMATION LETTER, DIRECTIONS)

CHECK THE PREFERRED LOCATION AND NOTE THE DATE IF YOU KNOW IT.

____ SACRAMENTO ____ FRESNO ____ UNION CITY(east Bay)
____ OCEANSIDE
____ GLENDALE/BURBANK ____ SAN DIMAS ____ IRVINE

MAKE CHECKS PAYABLE TO: DEALER EDUCATION SERVICES
OR USE ONE OF THESE CREDIT CARDS
____ MASTERCARD ____ VISA ____ DISCOVER ____ AMEX Check# _____
CARD NUMBER _____ 3 digit code _____
EXPIRATION _____ AMOUNT _____ AMEX 4 digit _____
NAME AS IT APPEARS ON THE CREDIT CARD _____
SIGNATURE (REQUIRED) _____

YOUR SIGNATURE AUTHORIZES DEALER EDUCATION SERVICES TO BILL YOUR CREDIT CARD FOR THE COST OF ATTENDING THE ONE DAY SCHOOL. THERE IS A \$25 CANCELLATION CHARGE, BUT NO CHARGE TO RESCHEDULE ONCE.

OUR FAX # IS (949) 833-9041

COURSE COST= \$150

DEALER EDUCATION SERVICES
17870 SKYPARK CIRCLE #280
IRVINE, CALIFORNIA 92614
(888) 323-0031

CALIFORNIA'S FIRST AND LARGEST DEALER SCHOOL....
www.dealereducation.com