

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