



# SKILLING INSTITUTE

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Email: admin@edskilling.com

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*(Your privacy will be maintained)*

## Form Of Payment:

Cashier's Check     Money Order     PayPal     Financing

**Credit Card:**     Visa     MasterCard     American Express     Discover

Name as it appears on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*Please sign below to authorize the amount of \$\_\_\_\_\_ to be charged to your credit card listed above.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### For Office Use Only (notes/comments/follow up):

Paperwork Completed (date): \_\_\_\_\_

Purchase Complete (date): \_\_\_\_\_

Customer Received Equipment (date): \_\_\_\_\_

Follow Up Phone Call (date): \_\_\_\_\_