

# Lynnes Welding Training, Inc.

2801 1<sup>st</sup> Ave N, Fargo ND 58102

Ph. 701-373-0658 Fax 701-373-8501

## Outside Company Application Form

Please fill out the information requested below. Once received, we will contact you to confirm your requested date of training. For your convenience, you may also email this form to us at: [weld@learntoweld.com](mailto:weld@learntoweld.com).

### COMPANY INFORMATION

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

Contact Person: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

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

### PAYMENT INFORMATION

Responsible Party: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Credit Card: Visa \_\_ Master Card \_\_ Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### STUDENT INFORMATION

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

Phone Number: \_\_\_\_\_

Request Date of Training: \_\_\_\_\_ Start Time: \_\_\_\_\_

Type of training request: \_\_\_\_\_

\_\_\_\_\_