



**Candels Estimating LLC**  
 4969 Royal Gulf Circle  
 Fort Myers, FL 33966  
 (877) 226-3357 Office  
 (877) 670-2124 Fax

**ELECTRICAL APPRENTICESHIP TRAINING PROGRAM**

**NEW STUDENT REGISTRATION FORM**

**COMPANY/SPONSOR INFORMATION:**

<b>Company/Sponsor</b>		<b>Main POC</b>			
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Phone</b>		<b>Fax</b>			
<b>Email</b>					
<b>Billing Email</b>					
<b>Preferred Estimating Software</b>	<input type="checkbox"/> ConEst <input type="checkbox"/> McCormick <input type="checkbox"/> PlanSwift <input type="checkbox"/> Turbobid <input type="checkbox"/> AccuBid <input type="checkbox"/> Vision EBM <input type="checkbox"/> Other: _____ <input type="checkbox"/> None				

**STUDENT INFORMATION:**

<b>Name</b>		<b>Title</b>			
<b>Mailing Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Phone</b>		<b>Fax</b>			
<b>Email</b>					
<b>Estimating Experience (if any)</b>					

**TUITION PAYMENT OPTIONS:**

- Super Early Bird Registration, \$5,700**  
*Register and pay tuition by June 15, 2019.*
- Early Bird Registration, \$5,999**  
*Register and pay tuition by July 8, 2019*
- Single Payment, \$6,500**  
*Register and pay by July 31, 2019*
- Payment Plan**  
*Four (4) equal payments of \$1,875 due with registration on or before July 31, 2019 and billed on a stored payment method each month thereafter.*

**PLEASE COMPLETE THE NEXT PAGE WITH YOUR PAYMENT INFORMATION.**

www.CandelsOnCall.com

# PAYMENT AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting Candels Billing Department at (877) CANDELS or via email at [accounting@candelsoncall.com](mailto:accounting@candelsoncall.com).  
**This authorization will remain in effect until cancelled.**

**PAYMENT METHOD:**       Mastercard       VISA       Discover       AMEX  
                                  ACH/eCheck       Other: \_\_\_\_\_

**ACCOUNT DETAILS:**

Name on Account: \_\_\_\_\_ Company (if any): \_\_\_\_\_  
(As it appears on the Card)

Card/Account No.: \_\_\_\_\_ Routing No.: \_\_\_\_\_  
(ACH/eCheck Only)

Expiration Date (MM/YY): \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**AUTHORIZATION:**

I, \_\_\_\_\_, authorize **Candels Estimating LLC** to charge my payment account listed above for agreed upon purchases detailed on the first page of this form. I understand my information will be saved on file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**PLEASE FAX OR EMAIL THIS COMPLETED FORM TO:  
(877) 670-2124 –OR– ACCOUNTING@CANDELSONCALL.COM**

**INTERNAL USE ONLY:**

<b>PLAN:</b> <input type="checkbox"/> SEBR <input type="checkbox"/> EBR <input type="checkbox"/> SP <input type="checkbox"/> PP4 <b>DATE REC:</b> _____
<b>AMOUNT:</b> \$ _____ <b>INV #S:</b> _____
<b>MAT SENT:</b> <input type="checkbox"/> COMPLETE, <b>TRACKING NO.</b> _____
<b>NOTES/SPECIAL REQUESTS:</b>   