



Technical Service Information Form

Company Name: _____ Date: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Office Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Office Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Thank you for the opportunity to provide start-up/training services to your company. In order to make this a beneficial trip for you we ask that you provide the following information.

- Purchase Order number (if applicable) _____
 - Recommended hotel/motel close to your plant _____
 - Hotel/Motel Phone: _____ Fax: _____
 - Name of the airport close to your facility _____
 - Directions/or map from the airport to your facility _____
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- If you are picking our technician up at the airport please advise the name of the person picking up and have that person display the placard we will fax to you for our technician to see as they exit the plane.
- Directions to your facility from the Kansas City metro area, if driving.
- Signed Labor Rate Schedule