



# OVERTON Safety Training, Inc.



P. O. Box 6297, Aloha OR 97007-0297 (503) 356-0403 Toll Free (866) 531-0403  
FAX (503) 356-0401 e-mail: info@overtonsafety.com website: www.overtonsafety.com

## Basic Rigging Safety Training & Qualification SPOKANE, WASHINGTON

**September 10, December 10, 2008**



Class Location: Inland Northwest AGC  
4935 E. Trent Ave., Spokane, WA 99212  
Phone: (509) 535-0391 Fax: (509) 535-3706



Class Time: 8:00 a.m. to 5:00 p.m.

Cost each: (AGC Member) \$200 Non-member \$225

### Registration Form: One-Day Rigging Safety Training Class Inland Northwest AGC 4935 E. Trent Ave., Spokane, WA 99212

September 10     December 10, 2008 (Choose One) 8:00 a.m. to 5:00 p.m.

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

AGC Member  Yes     No

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

E-mail \_\_\_\_\_

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

Registrant 1: First Name \_\_\_\_\_ Last \_\_\_\_\_ \$ \_\_\_\_\_

Registrant 2: First Name \_\_\_\_\_ Last \_\_\_\_\_ \$ \_\_\_\_\_

Registrant 3: First Name \_\_\_\_\_ Last \_\_\_\_\_ \$ \_\_\_\_\_

**Total Cost \$** \_\_\_\_\_

**TO REGISTER - FAX COMPLETED FORM TO (503) 356-0401 PRIOR TO THE CLASS**

We will be paying by Visa/MasterCard, For safety, please call us for the card information

Sponsored by:



Payment Terms: Payment is due at time of class.  
MasterCard & Visa accepted.

Make Checks Payable to: Overton Safety Training, Inc.  
Tax ID # 20-2386674

**OVERTON** Safety Training, Inc.  
**P O Box 6297, Aloha, OR 97007-0297**  
 Phone: (503) 356-0403 Toll Free (866) 531-0403  
 Fax (503) 356-0401

**PAYMENT TERMS AGREEMENT**



Company name:			
DBA (if different):			
Federal tax ID or Social Security number:			
Contact person:			
Mailing Address:			
City / State / Zip:			
Email:		Phone:	Fax:
Have you previously established an agreement with us? If yes, under what name?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Accounts Payable</b> (Information must be complete)			
Contact person:			
Billing Address:			
City / State / Zip:			
Email:		Phone:	Fax:
Purchase order required?		<input type="checkbox"/> No	<input type="checkbox"/> Yes PO#
<b>Training Service Purchase</b>			
Type:			
Date of training service:		Amount: \$	
<b>Terms and Conditions – Payment is due before or at time of training</b>			
1. We accept check, Visa, MasterCard or cash. For credit card (pre)payment please call: 1-866-531-0403 (Toll-free) or 503-356-0403. 2. With prior approval by OST, terms can be extended to Net 30 *. 3. A late charge of 2% per month will be added to all amounts billed if not paid by 30 days. 4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit/accounting department.			<b>*OST Only:</b>
I testify the above information is true to the best of my knowledge and understanding. I have read the terms and conditions stated above and agree to all of these terms and conditions. I am authorized by the above listed company to sign this payment terms agreement form.			
Signature:		Print name:	
Title:		Date:	