



pro-motionSM CONSULTING

PHONE COACHING ORDERING FORM

CONTACT INFORMATION:

Today's Date: _____ Company Name: _____
Your Name: _____ Position: _____
Mailing Address: _____
City: _____ State/Province: _____ Zip Code: _____
Phone: _____ Mobile: _____ Fax: _____
Email: _____ Website: _____

PHONE COACHING OPTIONS:

- 6 One-Hour Sessions (Every Other Month) \$1,200.00
 12 One-Hour Sessions (Every Month) \$2,400.00

PAYMENT INFORMATION:

Does your company require an invoice? Yes No

To Pay By Check:

Please make check payable to: **Pro-Motion Consulting** Check #:
Mail to: P.O. Box 561, Farmington, MI 48332

To Pay By Credit Card:

Visa Mastercard Discover

Name (please print): _____
Credit Card #: _____
Expiration Date: _____ 3-Digit CVV# (back of card): _____
Billing Zip Code: _____ Billing Street #: _____

By signing this agreement, I authorize Pro-motion Consulting to charge the above card in the amount of \$_____.

Signature

Date

Print and fax to 248-436-8126 or email/scan to philharwood@pro-motionconsultingllc.com

P.O. Box 561 Farmington MI 48332 / 248-436-8121 Office / 248-436-8126 Fax