

New School Information

Television Education, Inc. • 1439 Shore Street, West Sacramento, CA 95691 • 916-572-0762 • FAX 916-572-0769 Please complete and return this form by fax, mail, or email to: questions@televisioneducation.com

A minimum order of \$750 is required for the first purchase order.

Physical Address:

	<u>i ilyolodi Addio</u>	<u>001</u>
Company Name:		
School Name (DBA): _		
Street Address:		Suite:
City:		
		Zip:
Phone: ()	FAX: ()	Cell: ()
E-mail:		
	Mailing Address (if differen	nt from above):
Street Address:		Suite:
City:		
State:		Zip:
Check one: ☐ Sole	Owner □Partnership □ Co	rporation LLC
Owner, Partners, and/or	Officers:	
Name	Title	9
Alternate School Loc	ation 1:	
Street Address:		Suite:
City:		
State:		Zip:

Alternate School Location 2:		
Street Address:	Suite:	
City:		
State:	Zip:	
1. What courses are you interested	ed in? (Check all that apply)	
☐ Contracting ☐ Real Estate	☐ Building Inspector	
2. How did you hear about us?		
3. Have you ever worked for a Co	ntractors or Real Estate school?	
□ Yes □ No		
3a. If yes, which ones?		
4. Did you sign a non-compete ag	reement with any school/employer?	
□ Yes □ No		
4a. If yes, with whom?		
5. What other services will your s	chool offer?	