

# K9 Bytes Software. Training Session Contract

Contract filled by: \_\_\_\_\_ On Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ K9 Bytes Customer Since: \_\_\_\_\_

We recommend up to 4 people interacting with our trainer (you can have as many as employees as you want watching the session, but to make the session more effective we require that up to 4 people will be directly involved in the Q&A):

Trainee Names:		New User?
1. _____	Role in Company: _____	<input type="checkbox"/>
2. _____	Role in Company: _____	<input type="checkbox"/>
3. _____	Role in Company: _____	<input type="checkbox"/>
4. _____	Role in Company: _____	<input type="checkbox"/>

Desired Training Areas:

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Boarding, Daycare, Grooming, Training, Outside Services, Retail and Inventory)

What phone number are we going to reach you at? \_\_\_\_\_

Please note that you should be available 10 minutes prior to commencing the training session

I acknowledge and agree that this Training Contract is not transferable or assignable. I acknowledge that payment is required in advance of actual training sessions. I agree to pay in advance for training sessions. I understand this money is not refundable. I acknowledge that this specific contract is continuously valid indefinitely. I understand K9 Bytes Software has the right and the authority to terminate the training program at any time, with no refund, if I do not follow the program or fail to conduct myself in an appropriate manner. By signing this document, I attest, contract, acknowledge, and agree that I am legally bound by its content.

I acknowledge that appointment times are reserved and that **cancellations must be made a minimum of 48-hrs in advance** prior to the start of the scheduled training session time by calling K9 Bytes Software at (813) 987-2070. I understand that I will not receive a refund for missed appointments. It is my responsibility to attend my training appointments when they are scheduled. If a cancellation is not made by a minimum of 48-hrs prior to the scheduled session, the client understands that he/she will be charged for the session.

\_\_\_\_\_

Full Name

\_\_\_\_\_

Company Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Note: To be Filled by K9 Bytes Representative Only

Training Date: \_\_\_\_\_ Time: \_\_\_\_\_ No. of Paid Hours or Days: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Paid on: \_\_\_\_\_ Card Ending: \_\_\_\_\_

Note: To be Filled by K9 Bytes Representative Only