

**BarCode and POS**  
**“Barcode and Pos made easy”**

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**Manufacture’s Training AGREEMENT**

1-day-SESSION

I understand and agree to the conditions that have been placed before me.

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Company Name	Title	Phone Number
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Purchased From:

<u>BARCODE &amp; POS</u>	<u>11877 Douglas Road</u>	<u>770-751-0001</u>
Vendor	Address	Phone Number

Name(s) of personnel who will be attending Training:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (# of USERS) \_\_\_\_\_

Initials

Please mail OR fax to:  
BarCode & POS  
11877 Douglas Road, Suite 102334  
Johns Creek, Georgia 30005  
Attention: Training Department

\*All payments for Training must be received in Advance prior to training!

Form 543-1 08\95

**CONTRACT DATE:** \_\_\_\_\_

**NOTE:** THIS FORM MUST BE FILLED OUT PRIOR TO TRAINING!