

**Peachtree On-site Training Service Request Form**

Date Requested : \_\_\_\_\_

Product First / Pro / Complete / Premium  
Premium ACE / MFG / DST / NFP / CON

Serial No. : \_\_\_\_\_

Version \_\_\_\_\_ ( Single / Value Pack )

Cust. ID. : \_\_\_\_\_

Reg. No. : \_\_\_\_\_

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

Address \_\_\_\_\_

Contact Tel. No. \_\_\_\_\_ Contact Person \_\_\_\_\_ Fax No. \_\_\_\_\_

**Please check the below boxes to indicate which program module(s) you would like to include into your Peachtree training syllabus.**

- |   |  |
|---|--|
| <input type="checkbox"/> General Ledger         | <input type="checkbox"/> Inventory (Basic)                     |
| <input type="checkbox"/> Accounts Receivable    | <input type="checkbox"/> Inventory (Advanced)                  |
| <input type="checkbox"/> Accounts Payable       | <input type="checkbox"/> Company Consolidation                 |
| <input type="checkbox"/> Job Costing (Basic)    | <input type="checkbox"/> Departmentalized Financial Statements |
| <input type="checkbox"/> Job Costing (Advanced) | <input type="checkbox"/> Year - End Wizard                     |
| <input type="checkbox"/> Time & Billing         | <input type="checkbox"/> Form Design Techniques                |

**Special Requirements and Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be filled out by Peachtree Consultant / Training Instructor**

Estimated Training Session Duration: \_\_\_\_\_

Day(s) To Completion : \_\_\_\_\_

Total Training Fee Incurred : \_\_\_\_\_  
(All training fee MUST be prepaid.)

Consultant / Instructor Signature : \_\_\_\_\_

Confirmed Training Date & Time: \_\_\_\_\_

Issued by: \_\_\_\_\_  
GITCL

Confirmed by: \_\_\_\_\_  
(Customer's Signature with Company Chop)