

**Confirmation for Shredding Workshop Form**

Please fill out completely!!! **We must have this form faxed/emailed to confirm your trip! Dates are subject to change until we receive this and your deposit!!**

Please print, complete and Fax to 770.832.9416:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

**\*\*Must have:**

**Dates of classes:** \_\_\_\_\_

# of attendees: \_\_\_\_\_

Names of attendees:

Client #1: \_\_\_\_\_

#2: \_\_\_\_\_

#3: \_\_\_\_\_

#4: \_\_\_\_\_

Classes or subjects to cover:

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

Special needs for each person, (i.e. asthma, food allergies, vegetarian, diabetic, etc):

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



# Questionnaire

Please take a moment to fill out this brief questionnaire as it will help us find out where we need to start with you:

1. At what point are you in your journey to us?

A. Are you still in the complete beginning stages? Yes or No

B. Do you have a name for your company yet?

C. Do you plan on organizing your company?

D. If you have already organized, at what point are you?

Incorporated or Not      Neither: Explain: \_\_\_\_\_

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E. Do you already have a company that you will use to enhance the new one?

F. If so, do you need help with software, paperwork, etc.?

2. What are some the biggest concerns that you have with this project?

3. What do you hope to accomplish by taking this course?

4. What are your goals and expectations for five years from now?





## VISA/MASTERCARD AUTHORIZATION FORM

DATE: \_\_\_\_\_ (\*Must have)

\*COMPANY NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

I hereby authorize American Document Securities, Inc. to bill my credit card listed below in the amount of \$ \_\_\_\_\_.

Complete VISA/MASTERCARD information below:

\*VISA/MASTERCARD #: \_\_\_\_\_

\*EXPIRATION DATE: \_\_\_\_\_ \*SECURITY CODE \_\_\_\_\_

\*NAME ON CARD: \_\_\_\_\_

(\*cardholder name)

\*BILLING ADDRESS: \_\_\_\_\_

\*SIGNATURE: \_\_\_\_\_

(must be cardholders signature)

**PLEASE SIGN BELOW IF YOU WISH TO AUTHORIZE YOUR CREDIT CARD FOR FUTURE PURCHASES.**

I hereby authorize American Document Securities, Inc. to charge future purchases made on my behalf.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

[www.americandocumentsecurities.com](http://www.americandocumentsecurities.com)

*"Whatever you do, work at it with all your heart,  
as working for the Lord, not for men . . ." Col. 3:23 NIV*