



Stewart and Stevenson LLC
Training Center
581 Garden Oaks Boulevard
Houston, Texas 77018

Ph: 713-803-0700 Toll Free: (800) 967- 2190 Fax: (713) 803 - 0721
E-Mail: trainingcenter@ssss.com

Vendor Training Request Form

Vendor Name: _____
Training Location: _____
Course Description: _____
Course Start Date: _____
Course End Date: _____
Name of Student: _____
Registration Requested by: _____
Company Name: _____
Bill to Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Fax: _____
Bill to Stewart & Stevenson account number: _____
P. O. Number: _____

If you would like to select Credit Card as method of payment
Please complete the follow charge authorization

Stewart & Stevenson is hereby authorized to charge the following charges to the
account or card listed below.

CREDIT CARD: TYPE (We accept VISA, MASTERCARD & American Express): _____

NAME AS IT APPEARS ON CARD: _____

CARD NUMBER: _____ **Expiration Date:** _____

(3- 4 digits following card number on back of card) _____

Credit Card Billing Address Zip _____

Approval Signature Required: _____ **Date:** _____

Processing: A 10% non-refundable processing fee will be applied based on the vendor registration fee

Refunds: Will be contingent on vendor policy

Expenses: Any additional charges by the vendor will be the customer responsibility and will be invoiced at cost.

This is only an enrollment request.

You should receive a letter of confirmation within 2 weeks upon completion of your enrollment.