

### PROGRAM ENROLLMENT FORM



#### **Company Information**

The Daikin Elite Development Program is company based. Please provide us with the company information for which you would like your enrollment attributed to.

Company Name:	Company Phone:	
Physical Address:		
City:	State:	Zip:

#### Primary Contact Information

Please provide us with the contact information for the primary person we should communicate with regarding your company's enrollment.

name:
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Title:

Phone:

Email:

# Secondary Contact Information

Optionally, provide us with the contact information for secondary persons we should communicate with regarding your company's enrollment.

Name:	Title:
Phone:	Email:
Name:	Title:
Phone:	Email:



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## **IL** Referral Information

Name of Daikin TSM who referred you

#### **Payment Information**

By completing and submitting this application, you are authorizing payment for enrollment in the Daikin Elite Development Program. Below are your payment options.

#### **Daikin Accrual Funds**

I authorize Daikin to debit my accrual funds as partial or full payment to EGIA for a full year of enrollment in the Daikin Elite Development Program. (Daikin Elite Development Program enrollment is \$3,948 annually)

I want Daikin to remit payment in the amount of \$\_\_\_\_\_ from my accrual funds to: EGIA, 3800 Watt Ave. STE 105, Sacramento CA 95821

Signature			Date		
Note: If a	accrual funds are used as partial payment,	you are required to pay the remaining ba	alance with a credit card.		
Credit Card					
Free 30 day tria	l, then \$359/month (access to online	training plus one free Daikin Work	shop only until payments begin)		
Free 30 day tria	l, then \$3,948/year (access to online	training plus one free Daikin Work	shop only until payments begin)		
S359/month cha	arged immediately (instant access to	all benefits)			
<b>\$3,948</b> /year cha	arged immediately (instant access to	all benefits)			
Remaining balar	nce after accrual funds* \$	(instant access to all b	(instant access to all benefits)		
Select Card Type:	Visa MasterCard	Amex CC#:  Exp Date:	CVV#:		
Billing Address:		City:			
State:	Zip:	Signature:			
	*Monthly payment of ikin Elite Development program is a servio /RV Design Pro Contractors. Please conta	-			

#### Return this completed form to daikin@egia.org

Questions? Contact Jeremy Chandler jchandler@egia.org or 916-759-0515