

Prichard's Tax & Accounting Services
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Please print

APPLICATION

Applicant Name _____
Last First Middle Maiden

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Social Security Number ____/____/____

Home Telephone _____ Cell Telephone _____

Please check the class(es) you would attend:

_____ Computer Technology (6 wks) 6 pm – 9 pm Mon. _____ Thurs _____

_____ Small Business Technology (6 wks) 6 pm – 9 pm Tues _____



How did you hear about our classes?

_____ radio _____ announcements

_____ newspaper _____ other

_____ a friend

_____ e-mail

_____ web

How will you be paying? _____ Cash, _____ Check _____ amount