

DETAIL TRAINING APPLICATION



Business Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

DETAIL TRAINING QUESTIONS

How long have you been in business? _____

Which best describes your current detailing service:

Full-Time Part-Time Weekend / Hobby

Why did you choose to apply for Shine Supply Training?

Are you currently a Shine Supply customer? Yes No

If yes, which Shine Supply products do you currently use?

What are you looking to learn and take away from this training class?

Please fill out and return to: info@shinesupply.com



1302 Tower Square #1
Ventura, CA 93003
805.535.4332
shinesupply.com
@shinesupply