Student Excellence Program Order

Snap-on Industrial

Date: _____ **Sales Rep Info**: **Brett Kelly- 705-725-2378**
Email- **Brett.kelly@snapon.com**

School Name: _____ Course Name: _____

Student Name: _____ Student E-Mail: _____

School Course Start date: _____

Invoice Address (Associated Credit Card): Ship to Address: _____

_____ _____

_____ _____

Phone: _____ Student ID: _____

Credit Card: _____ Expiry date: _____CVV #_____

Name on card: _____

Certified Cheque ☐ Full Time Student ☐

Present Employer, Sponsoring Business Name: _____

Business Address: _____

Future Employer: _____

Address: _____

Student Verification:

By signing this form, I confirm:

- *The tools purchased are for the personal use of the student listed above and are not for resale.*
- *The student is entitled to purchase a set of tools, as specified by the course instructor.*
- *I confirm I am a full-time student*

Student Signature: _____ Date _____

Instructor's Name: _____

Instructor's Signature: _____ Date _____

Revised Sept.04/2018