





Company Profile

Let's get started!

This Company Profile only needs to be completed one time and must be completed before requesting Custom Fit funds. Please note: all businesses using Custom Fit must have a W-9 form on file with USU Eastern. The form can be found on the IRS website

Please fill out the section below and return to your local Custom Fit Representative:

Company Information					
Company Name:	Contact Name:				
E-mail Address:	Fax Number:				
Street Address:	Work Phone/Cell Phone:				
Mailing Address:	City				
Describe your business:					
How did you hear about Custom Fit?					







Anticipated Training Form

Instructions

The anticipated training form is for use on all trainings. Please use this form for **each** anticipated training using Custom Fit Funding.

Note: through your partnership with Custom Fit Training this vendor requires approval from your CFT Rep to recieve CFT financial assistance. Please fill out this section as thoroughly as possible. This information is **required.**

Please fill out the section below and return to your local Custom Fit Representative:

Your Company Name:						
Title of Training:		Instructor:	Location:	Quoted Cost:		
				\$		
Start Date	End Date	Start Time	End Time	Total Training Hours		
/ /	/ /					
Which area of business do you hope the above training will improve?						
☐Growth ☐Productivity ☐Competitive Edge						
Please list each person from your company who will be attending this training:						
First Name		Last Name		Last 4 of Social		