



**Customer Information** (Please Print)

Company Name

Complete Street Address, PO Box, or Rural Hwy Contract Route and Box # Apt/Suite #

City

State

ZIP + 4<sup>®</sup> Code

Contact Name

Telephone Number (Include area code)

E-mail Address

Fax Number (Include area code)

**Product Information**

Product Number

Version Number

Product Name

Hardware Platform

Software Platform

**Tests**

**Test(s) Taken Information**

Executive Level

Associate Level

Additional test(s):  X \$25 =

**Total:**

Reason for Charges

# \_\_\_\_\_ re-test(s)

**Payment**

**Payment Method**

Make check or money order payable to "United States Postal Service"

- Check  Money Order  Visa  MasterCard
- Discover  Diners Club  American Express

Card #

Card expiration date: \_\_\_\_\_ / \_\_\_\_\_  
(MM/YY)

Authorized Personnel (please print)

Signature

*The signature above indicates that signee accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer*

**Mail or fax completed order form to:**

ACCOUNTS RECEIVABLE-PAGE  
 NATIONAL CUSTOMER SUPPORT CENTER  
 UNITED STATES POSTAL SERVICE  
 225 N HUMPHREYS BLVD STE 501  
 MEMPHIS TN 38188-1099  
 FAX: 901-681-4409

*\*If paying by check or money order, mail payment and completed order form to the address above.*

For USPS Use Only

Control Number

Check Number