

Today's Date: _____ Your Mile2 Rep: _____ (if applicable)
Company Name: _____
Student Name: _____
Student Phone: _____
Email: _____ Fax: _____
Billing Address: _____
City _____ State _____ Zip _____

Order Details

One Mile2 CPTS examination voucher - Price US\$150.00

Note: The Examination Voucher Number will be included in the body of the invoice that will be sent to you.

Original (failed) Exam Voucher Number#: _____

IMPORTANT: You must include a copy of your failure notice with this application.

CHOOSE METHOD OF PAYMENT:

P.O. Number _____ (please include a copy of the PO)

Pay by Check

PayPal Send PayPal payments to payments@mile2.com

Credit Card #: _____ Expiration: _____

Card Type: Discover Master Card Visa AMEX

Address on CC statements: _____ Zip: _____

Name on Credit Card #: _____ Security Code: _____
Last 3 or 4 numbers in Signature Panel

Card Holder Signature: _____

Return with proof of failure to Fax #+1-813-354-2367 or email to payments@mile2.com