

Academic Testing Center Order Form

Test Information:

Test Names: _____

Field / Project: _____

**Additional Variables (as you want them included)
at a cost of \$25.00/variable:**

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Preferred test username: _____

Preferred test password: _____

Length of time required online: _____ months

NOTE: by 6 month increments only

Customer Information:

Name: _____

Title: _____

Mailing Address: _____

Phone: (____) _____

Fax: (____) _____

E-mail: _____

Institution: _____

Payment Calculation:

\$140.00 x _____ (Number of Tests) =
6 months online
Subtotal A: \$ _____

\$25.00 x _____ (Additional Variables) =
Subtotal B: \$ _____

\$70.00 x _____ (Per additional 6 Month
Increment. Maximum of 2) =
Subtotal C: \$ _____

Subtotal A: _____ +

Subtotal B: _____ +

Subtotal C: _____ =

Total: \$ _____

Please send check payable to:

PLUMEUS INC.
CP Normandie
PO Box 26067
Montreal, QC
H3M 3E8

Credit Card Payment

Date: _____

- 1) Amount to charge: US\$ _____
- 2) Product Purchased: _____
- 3) Visa / MasterCard Card Number: _____
- 4) Security number: _____ Exp. Date: _____
- 5) Name of cardholder: _____
- 6) Billing address of cardholder:
Street Address: _____
City: _____
State/Prov: _____
Zip/Postal Code: _____
Country: _____
- 7) Phone Number: () _____ - _____

Signature: _____