

## 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: \$ \_\_\_\_\_

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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: \_\_\_\_\_