

CUSTOMER INFORMATION (Please print)

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Attention Name		Date:		
Firm/Customer Name				
Complete Street Address, PO Box or Rural and RR Box	Apt/Suite #			
City or Post Office	State	ZIP+4		
Foreign Country Name (When applicable)	Area Code	Phone Number		
Email Address:				

ORDERING INSTRUCTIONS

 All items listed below except Final Exam are available on our Web site at <http://pe.usps.gov>.

	Quantity	Price	Purchase Amount
1 Administrator's Package. Includes Administrator's Guide TD-34A and postal publications resource kit. Note: <i>Temporarily Unavailable</i> certification.	<input type="checkbox"/> 1	X \$75.00	= \$ <input type="checkbox"/> A
2 Certification Package (for one individual) includes Student Guide TD-34B, final examination, and MQC certification. Certification packages are priced at \$40 each when <i>Temporarily Unavailable</i> 10 or more packages.	<input type="checkbox"/> 2	X \$ 75.00 = (qty less than 10) X \$ 40.00 = (qty 10 or more)	\$ <input type="checkbox"/> B \$ <input type="checkbox"/> C
3 Final Examination (for each individual certified). Includes final examination and MQC certificate for each participant. Student guide available for download at http://pe.usps.gov .	<input type="checkbox"/> 3	X \$ 25.00	= \$ <input type="checkbox"/> C

To Multiply the quantities in blocks 1, 2, and 3 by the prices shown and enter the purchase amounts. Add blocks A, B, and C to calculate the total. Then complete the billing information below.

\$ <input style="width:80%;" type="text"/>	Total
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PAYMENT METHOD

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

<input type="checkbox"/> Tax ID #	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Purchase Order #	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
<input type="checkbox"/> Express Mail Corporate Acct. #	<input style="width:100%;" type="text"/>
Credit Card #	<input style="width:100%;" type="text"/>
Card expiration date: ____ / ____	

Authorized Personnel (please print)

Signature

The signature above accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.

Send check & order form to:

 ACCOUNTS RECEIVABLE
 NATIONAL CUSTOMER SUPPORT CENTER
 UNITED STATES POSTAL SERVICE
 6060 PRIMACY PKWY STE 201
 MEMPHIS TN 38188-0001
 Fax: 901-681-4409

BILL To:

Complete only if shipping address is different than mailing address.

Attention

Company

Address

City, State, ZIP+4

For USPS Use Only

Control Number:

Check Number:

NOTE: You may copy this form to order additional training programs, or you may download it from our Web site at <http://pe.usps.gov>. Generally, orders are shipped within 10-15 days of receipt. Customers who need assistance may call **1-800-238-3150**.