

Customer Information *(Please Print)*

Company Name

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

City

State

ZIP + 4[®] Code

Contact Name

Telephone Number (Include area code)

E-mail Address

Fax Number (Include area code)

Product Information

Product Name

Version Number

Hardware Platform

Software Platform

Extended Evaluation Charges

Program Certification Tests

Test(s) Taken Information

 **MAC™**

Initial Tests: X \$250 =

(Tests include 3 rounds each)

Additional test(s): X \$250 =

Total:

--

 **MAC Gold™**

Reason for Charges

Cycle

□ # round testing

☐ Out-of-Cycle Testing

☐ Late Testing Fee

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 #

[illegible]

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-MAC/MAC GOLD
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
225 N HUMPHREYS BLVD STE 501
MEMPHIS TN 38188-1001
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