

Payment Voucher: Please complete and submit this form with your downloaded Exam(s).

Accounting Education Associates, LLC
Post Office Box 4192, Greensboro, NC 27404-4192
www.accounting-education.com
Phone: (800) 273-3926 (CPE-Exam)
Fax: (800) 645-1099
Email: info@accounting-education.com
(For emailing scanned order form or answer sheets)

Name _____
Firm (If part of address) _____
Address _____
City/State/Zip _____
Phone _____ E-
mail _____ To
which state board(s) do you report CPE? _____
Source of referral if applicable: _____

I am submitting _____ completed Exam(s) on the **JofA** that I've downloaded from www.accounting-education.com

Quantity	Year
_____ First Quarter (January - March), 20____	
_____ Second Quarter (April - June), 20____	
_____ Third Quarter (July - September), 20____	
_____ Fourth Quarter (October - December), 20____	

____ First Quarter (January - March), 20 ____
 ____ Second Quarter (April - June), 20 ____
 ____ Third Quarter (July - September), 20 ____
 ____ Fourth Quarter (October - December), 20 ____

Total Quantity times Unit price of \$ = \$

Total charge

Unit price depends on total number of Exams:

1 – 3 Exams: \$49 8 – 23 Exams: \$43

4 – 7 Exams: \$46 24 and over: \$40

Payment options:

_____ By check that I'm mailing today.
(Take a dollar off each exam you pay by check.)

_____ By using the secure PayPal link on our Web site to pay with favorite credit card (Visa, MasterCard, Amex or Discover)

Never email or fax bank or credit/debit card account numbers!

Optional: Please estimate your course completion time.

Thank you for your business and referrals.