



Student Information

First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ E-mail Address: _____

Payment Information

See RTF Price List for Certification Test Pricing.

Certification Test Price	\$ _____
Quantity	x _____
Total	\$ _____

Return payment form by: Email to billing@wtti.com, fax to 610-820-0271, or mail to:

Welder Training & Testing Institute
 Remote Test Facility
 729 E. Highland Street
 Allentown, PA 18109

Payment options:

- Check
 (make payable to Welder Training & Testing Institute)
- Money Order
- MasterCard
- Visa
- AMEX

Credit Card #: _____ Amount: _____
 Exp. Date: ____/____/____
 3 Digit Code on back of card or 4 Digit Code on front of AMEX: _____
 Name on Card: _____
 Cardholder's Address: _____
 City: _____ State: _____ Zip: _____
 Signature: _____ Date: ____/____/____

The signature above verifies acceptance of billing/cancellation terms and allows the use of the provided credit card information for payment in the amount indicated.

