



PAYMENT FORM CATEGORY 4

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Driver's License Number*: _____

**A legible copy of the driver's license must accompany this form*

Course Information (Please select all that apply)

Item	Cost	Total
Enhanced Vehicle Safety Inspector Test (includes Certified Document Review Test)	\$40	
Certified Document Reviewer Test Only	\$35	
	Total	

Payment Information*

Cash Check Visa Master Card Discover

Credit Card Number: _____

Credit Card Expiration Date(mm/yy): _____

Card holder contact information if different from above:

Name (as it appears on the card): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

**If paying by cash or check, please return this form and your payment to:*

Johnson College Continuing Education Program
3427 North Main Avenue, Scranton, PA 18508
Tel: (570)702-8979 Fax (570) 348-2181

For Office Use Only:

Payment Received: _____ Processed by: _____

Course Dates and Instructor: _____