



# PAYMENT FORM EMISSIONS

## 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*

Item	Cost	Total
Testing Fee	\$15.00	
	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: \_\_\_\_\_

JOHNSON COLLEGE  
AUTO EMISSIONS TESTING  
CUSTOMER RECEIPT



Name: \_\_\_\_\_

Testing Date and Time: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Processed by: \_\_\_\_\_