



**Job Performance (1-6)\*\* Kit Order Form**  
*Please fill out completely and fax back to 856-424-9248.*

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Number of Kits Requested: \_\_\_\_\_  Loan  Purchase  
**DATE OF JOB PERFORMANCE TEST:** \_\_\_\_\_  
**DELIVERY DATE (REQUIRED):** \_\_\_\_\_

**Contact Information (all fields required for proper delivery):**

Name: \_\_\_\_\_  
Company/School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax (required): \_\_\_\_\_  
E-Mail (required): \_\_\_\_\_

**Ship to Information (all fields required for proper delivery-no P.O. Box):**

Company/School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Accredited Instructor's Name: \_\_\_\_\_

**For Purchased Kits (all fields required for proper delivery):**

Purchase Order Number: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Billing Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Number of Kits** \_\_\_\_\_ **@ \$930.00 Each =** \_\_\_\_\_

\*\*This kit will include the Multimeter kit for station 3, if you have already purchased the VOM from headquarters, please deduct \$150.00 from the above pricing.

.....

**For Internal Use Only:**

Capture Number: \_\_\_\_\_  
Date Processed: \_\_\_\_\_  
Date sent: \_\_\_\_\_  
Acknowledgement of Order: \_\_\_\_\_ (initials)