



# Certificate Copy Order Form

FAX TO 775-871-8538 r061407

## FAX ORDER FORM for

### APS Training Certificates – Request for Duplicate Copy of Certificate

	<u>Quantity</u>	<u>Price Each</u>	<u>Extended Price</u>
Name:		\$10.00	
Certificate Type, Number, Password:			
Date of Training Certificate:			
Name:		\$10.00	
Certificate Type, Number, Password:			
Date of Training Certificate:			
Name:		\$10.00	
Certificate Type, Number, Password:			
Date of Training Certificate:			
Name:		\$10.00	
Certificate Type, Number, Password:			
Date of Training Certificate:			
Name of Person Submitting Request:			
		<b>SUBTOTAL</b>	\$
		<b>HANDLING</b>	\$5.00
		<b>TOTAL</b>	\$

NAME ON CREDIT CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_ / \_\_\_\_

CREDIT CARD EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BILL TO COMPANY \_\_\_\_\_

BILL TO STREET \_\_\_\_\_

BILL TO CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

SHIP TO NAME \_\_\_\_\_ Email: \_\_\_\_\_ (Required)

SHIP TO COMPANY \_\_\_\_\_

SHIPPING ADDRESS (no P.O Boxes) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**These courses are brought to you by Alpha Pro Solutions, Inc.**  
*Internationally Recognized Drug Free Workplace Training and Consulting*

Alpha Pro Solutions, Inc. [www.alphaprosolutions.com](http://www.alphaprosolutions.com) Email: Trainer @alphaprosolutions.com  
 735 Arlington Ave. North, Suite 102, St. Petersburg FL 33701 Phone (800) 277-1997 Fax (775) 871-8538



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PHONE \_\_\_\_\_

FAX \_\_\_\_\_

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