

BPI REPLACEMENT ID AND CERTIFICATE ORDER FORM

BPI Replacement ID

\$5.00 each

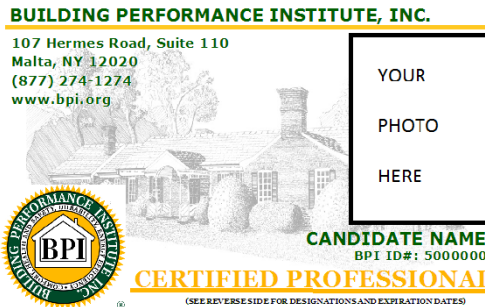
Quantity Ordered: _____ Total Price \$ _____

BPI Replacement Certificate

Certification Designation(s) _____

\$5.00 each

Quantity Ordered: _____ Total Price \$ _____



Total Order (*Sum of Above Totals*) \$ _____

7% NYS Sales Tax \$ _____

Shipping and Handling \$ **FREE**

Total Due to BPI \$ _____

Pay by check: _____ Make check payable to BPI and mail check and order form to:
Certification Department 107 Hermes Rd. Suite 110 Malta, New York 12020

Pay by credit card: (*fax this form to 518-899-1622*)

Name on card: _____ Card #: _____

Card Type (Visa, MasterCard, American Express): _____

3 or 4 Digit# on back of Card: _____ Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Signature: _____ Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Name of BPI Certified Professionals the Replacement ID /Certificates are for:

