

# Request for Scoring Services

COMPLETE THIS FORM AND SEND IT WITH YOUR ANSWER SHEETS FOR SCORING

## Important

If the boxed area to the right does not contain your correct customer information, please complete the **Shipping Address** section below.

If possible, always use pre-addressed Scoring Services Forms with your score id and return address printed in this boxed area. This will speed up your order.

CUSTOMER NUMBER:

*Please complete the information on the back of this form.*

*Please make any address changes in the Shipping Address section below.*

## Shipping Address

Complete this section if the boxed area above is empty or if results are to go an alternate address on this occasion only. *Please print.*

Name

Address

City

Province

Telephone

Email

Customer Number

Organization

Postal Code

Fax

☐ Yes, send me the monthly newsletter "Psychometrics Direct"

 **Psychometrics**

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**Web** [www.psychometrics.com](http://www.psychometrics.com)

# Scoring Services

## 1 Number of Prepaid Answer Sheets Enclosed

- ☐ Myers-Briggs Type Indicator®
- ☐ Strong Interest Inventory®
- ☐ FIRO-B®
- ☐ CPI™ 434 Instrument
- ☐ Work Personality Index
- ☐ Career Values Scale
- ☐ Career Interest Profiler
- ☐ Other \_\_\_\_\_

## 2 Shipping Options

Please indicate **ONE** shipping option. If none is indicated we will ship regular mail. You must complete the *Method of Payment* section to the right to process any shipping and/or color report upgrade charges.

<input type="checkbox"/> Email _____	—
<input type="checkbox"/> Regular mail	—
<input type="checkbox"/> Overnight—2 day shipping <i>15 documents or less</i>	\$26.00
<input type="checkbox"/> 2-3 day shipping <i>15 documents or less</i>	\$21.00

*Prices subject to change without notice.*

**This form is for scoring services only.** For product orders please call 1.800.661.5158

Subtotal	
GST or HST	
Total Due	

## 3 Method of Payment

- ☐ Cheque / Money Order    ☐ Purchase Order # \_\_\_\_\_
- ☐ Visa    ☐ MasterCard    ☐ American Express

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiry Date

\_\_\_\_\_  
CVS #

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Signature

*I agree to the terms and conditions (See 'Limitation of Liability')*

☐ **Invoice to be sent to the billing address for customer number**

\_\_\_\_\_  
\_\_\_\_\_

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