

Request for Extra Official Evaluation Reports

If you wish to place an order for additional official reports of your evaluation that was completed within the past 5 years, please complete this form and return with your payment to ACEI at P.O. Box 6908, Beverly Hills, CA 90212 or FAX 310.275.3528.
Standard processing time: 5 business days.

Please **PRINT** or type your information clearly:

A. REQUIRED INFORMATION

Your Name: _____
 (Last/Family Name) (First Name) (Middle Name)

ACEI Ref.#: _____ Date of Evaluation: _____

Mailing Address: _____
 (Street/P.O. Box) (Apt./Suite #) (City) (State/County/Province) (Zip/Postal Code) (Country)

Tel: (____) _____ FAX: (____) _____ Email: _____

B. EVALUATION PURPOSE & MAILING/DELIVERY INSTRUCTIONS

Specify # of Extra Official Evaluation Reports: _____ **1 Business Day RUSH? __YES __NO (\$30.00 extra)**

Provide the name and address (with phone # for overnight delivery requests) to which the official report is to be mailed: (Attach another sheet of paper for more addresses.)

Address #1 (\$50.00) Address #2 (extra fee \$25.00) _____

Tel: () _____ Tel: () _____

C. FEES (EXTRA EVALUATION REPORTS & MAILING/DELIVERY FEES)

Please specify # of reports needed and select type of mailing/delivery of evaluation reports:	Specify #	x	Fee per unit	Total	Fees
1st Extra Official Report	_____	x	\$50.00 (1 st official report)	_____	\$ _____
Each Additional Official Report	_____	x	\$25.00	_____	\$ _____
Certified Mail (domestic/US only)	_____	x	\$10.00 (per mailing address)	_____	\$ _____
Air Mail (overseas/international)	_____	x	\$10.00 (per mailing address)	_____	\$ _____
Overnight/Express (domestic/US)	_____	x	\$35.00 (per mailing address)	_____	\$ _____
Overnight/Express (overseas/international)	_____	x	\$65.00 (per mailing address)	_____	\$ _____
Priority Mail (domestic/US only)	_____	x	\$12.00 (per mailing address)	_____	\$ _____
1 Business Day RUSH	_____	x	\$30.00	_____	\$ _____
TOTAL FEES:					\$ _____

D. METHOD OF PAYMENT (check one):

Please select type of payment:

- Personal Check
 Money Order
 Cashier's Check
 Credit Card (MasterCard/Visa only)

CREDIT CARD PAYMENTS:

Name on Card: _____ Card#: _____

Exp. Date: ____ / ____ / ____ 3 digit sec. code: _____ Signature of Cardholder: _____ Date: ____ / ____ / ____

Please sign and date below and either mail (P.O. Box 6908, Beverly Hills, CA 90212) or FAX (310.275.3528) to ACEI.

Signature _____

Date _____