



MAIL-IN PAYMENT FORM

(Please print all information clearly.)

If all information is not completed and legible, your check and form will be returned to you.

*A representative from LaserGrade will contact you when your payment has been received and process.
Please allow a minimum of 10 days for processing.*

* Indicates **REQUIRED** information

* Legal Last Name _____ *Legal First Name _____

* Home Address _____

Apt# _____ *City _____ *State _____ *Zip _____

* Daytime Phone # (_____) _____ - _____

Email Address (For appointment confirmation) _____
(LaserGrade does not provide email address to any third parties.)

* Exam Title: _____

Note: For International Code Council and State Boards of Cosmetology please provide the state in which you will be applying for licensure _____

* Enclosed: Personal Check Certified/Cashier's Check Money Order

* Amount: \$ _____ Please note if the amount of your check is incorrect, it will be returned to you.

Please make check/money order payable to: LaserGrade

Mailing Address
LaserGrade
PO BOX 87245
Vancouver, WA 98687

Overnight Payments
LaserGrade
16821 SE McGillivray Blvd. Suite #201
Vancouver, WA 98683

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For Internal LASERGRADE use ONLY

Date Received: _____ **Check Number:** _____ **Received by:** _____

Processed: Yes _____ **Returned:** Information Omitted _____ Incorrect Payment _____

Date Entered: _____ **Locator Number:** _____ **Candidate Contacted** _____

Registrar Signature: _____