



**Method of Payment** (Please check one)

Amount: \$ \_\_\_\_\_

Check # \_\_\_\_\_ enclosed.

Please make check payable to Reed Training Center

Credit Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ V-Code\* \_\_\_\_\_ last three digits on the reverse of the card

Print Name \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Credit Card Holder \_\_\_\_\_

**Credit Card/Debit Card Payments (2.5% service fee applies)**

School received payment on \_\_\_\_\_.

**PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR  
G.E.D. WITH YOUR ENROLLMENT FORM.**

O: 240-293-6393

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[www.ReedTrainingCenter.com](http://www.ReedTrainingCenter.com)