



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 MARYLAND REAL ESTATE LICENSE
WITH YOUR STUDENT ENROLLMENT AGREEMENT.**

O: 240-293-6393

ReedTrainingCenter@gmail.com

www.ReedTrainingCenter.com