



Reed Training Center

Method of Payment (Please check one)

Amount: \$ _____

() Cash _____

() 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 (3% 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

ReedTrainingCenter@gmail.com

www.ReedTrainingCenter.com