

IDEA DEALER ACCREDITATION APPLICATION

INSTRUCTIONS

Complete the following application and return it to IDEA with your payment as selected below. Study Guides cannot be issued without payment. If you are selecting the payment plan, you will receive your Study Guide upon receipt of this application and initial payment. Testing will not be permitted until payment in full is received.

PLEASE TYPE OR PRINT CLEARLY.

STEP 1

TELL US ABOUT YOURSELF AND YOUR COMPANY

Name _____

(NOTE: THIS IS THE NAME OF THE INDIVIDUAL WHO WILL BE REGISTERED TO TAKE AND PASS ALL SIX EXAMS ON BEHALF OF THE COMPANY)

Name of Additional Qualifying Person (optional) _____

Company _____

Mailing Address _____

Shipping Address _____ Zip _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

E-mail address _____

Individual Owner Partnership Corporation

STEP 2

RESERVE YOUR EXAM DATE(S) AND LOCATIONS(S)

If you do not know the dates or locations that you would like to take your written exams, you may leave this section blank. Be sure to call IDEA at 937-698-1027 at least 10 days in advance of your desired testing venue.

DATE	LOCATION	EXAM SECTION TO BE TAKEN (LIST BY NUMBER)
_____	_____	_____/_____/_____/_____/_____/_____/_____

STEP 3

PAYMENT METHOD

Accreditation Fee: \$750 *Includes Study Guide, Testing, and Accreditation (3 years)*

Additional Qualifying Person Fee: \$100 **Multiple Location Fee: \$750**

Payment Plan (For Credit Card Orders Only)

If you select this option, your credit card will be charged \$250 upon receipt of this application, and subsequently will be billed \$100 each month for the following 5 months (6 months if an Additional Qualifying Person is registered). You may not take written examinations until the full payment is received. You may pay off any remaining balance in advance of the payment schedule by contacting the IDEA accounting office, (937) 698-1027.

Amount being paid at this time \$ _____

Mastercard Visa American Express Discover

Card number _____ Security # _____

Name on card _____

Expires _____ Signature _____

Return this form to:

IDEA
PO BOX 236
WEST MILTON OH 45383-0236
or e-fax to:
(877) 702-8097