



## TEST ADMINISTRATOR/PROCTOR SHIPPING INFORMATION

\_\_\_ NEW    \_\_\_ UPDATE    \_\_\_ REMOVE    \_\_\_ RESEND ONLINE CODES

### TEST ADMINISTRATOR/PROCTOR INFORMATION

_____	_____	_____
First Name	Middle Name	Last Name
_____		
Company		
_____		
Email Address		
_____		
If you currently have a Test Administrator/Proctor code, please enter it here: _____		

### SHIPPING ADDRESS (NO P.O. BOXES, PLEASE)

<input type="checkbox"/> Residential <input type="checkbox"/> Business - Name of business: _____		
_____	_____	_____
First Name	Last Name	Phone Number
_____		
Street Address	City / State	ZIP Code
_____		
Supervisor Name (if applicable)	Region (if applicable)	
_____		

### IDENTIFICATION – PLEASE ATTACH COPY (NEW ACCOUNTS ONLY)

<input type="checkbox"/> Driver's License			
<input type="checkbox"/> Passport	_____	_____	_____
State/Country	Expiration Date	Number	

### ADDITIONAL INFORMATION (NEW ACCOUNTS ONLY)

_____	_____
Years in Business	Company Website
Estimated number of exams to be given: _____ per (month/year) _____	
Does your organization need training material? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been an administrator for an ANSI/CFP accredited provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, have your privileges ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain: _____	
Do you have a relative that is a Test Administrator/Proctor for NRFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who? _____	

**Upon approval, you will be registered as a Test Administrator/Proctor, at which time NRFSP will send you the identifying codes you will need for ordering and examination administration. You will also be provided log-in information for our website.**



# National Registry of Food Safety Professionals

6751 Forum Drive, Suite 220, Orlando, Florida 32821

## ACCOUNT BILLING INFORMATION

\_\_\_ NEW \_\_\_ UPDATE

### BILLING INFORMATION

Company Name	Contact Name	Phone Number
Street Address / P.O. Box	City / State	ZIP Code
Email Address	Fax Number	
Is a PO required for billing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact name for PO #

### BILLING POLICIES

All invoices are billed monthly - net 30 days.

1. The credit card on file will be automatically charged for monthly invoices until credit is established and a written request is received from you. (This excluded government, school, and corporate accounts)
2. Checks are made payable to National Registry of Food Safety Professionals (NRFSP) sent to PO Box 628244 Orlando, FL 32862-8244.
3. NRFSP reserves the right to charge the credit card on file for all invoices more than 60 days past due.
4. Your account will be inactivated if no exams are scored exams for a year. Account updates are required to reactivate account.
5. Please choose and notify us how you would like to pay your invoices after credit is established:
  - Invoice
  - Auto-pay

### RUSH AND CANCELED ORDER FEES

1. Exam orders placed within 8 business days or less of the date needed will be charged a \$35 rush fee.
2. Exam orders placed within 4 business days or less of the date will be charged an \$89 rush fee. Call for international rates.
3. Cancelled orders will be billed a \$3 per exam ordered.
4. Past due exams will be billed at \$3 per exam.

### CREDIT CARD POLICY

1. The credit card on file will be automatically charged for monthly invoices until credit is established and a written request is received from you. (This excluded government, school, and corporate accounts)
2. National Registry of Food Safety Professionals reserves the right to charge the credit card on file for invoices 60 days past due.

**Credit Card** (by signing below, you authorize NRFSP to charge your card)  Visa  MasterCard  AMEX  Discover

Credit Card Number	Exp. Date	Sec. Code
Name (as it appears on credit card)	Cardholder's Signature	

**Personal Guaranty:** The undersigned, in order to induce National Registry of Food Safety Professionals, a division of Environmental Health Testing (NRFSP/EHT), to extend credit under the terms of the Agreement, hereby unconditionally and irrevocably guarantees to NRFSP/EHT the due and punctual payment of all amounts due under the Agreement or invoice submitted by NRFSP/EHT in the normal course of business, when and as the same shall become due and payable, whether at the times stated therein or herein or by acceleration or otherwise and costs and expenses of collection. Upon default or failure of \_\_\_\_\_ [your company name] in making any such payment when due (including any costs of collection), the Personal Guarantor will forthwith pay the same. This guaranty is an absolute, unconditional, present and continuing irrevocable guaranty of payment and not of collectability. The Personal Guarantor unconditionally and irrevocably waives each and every defense which, under principles of guarantee or surety ship law, would otherwise operate to impair or diminish the liability of the Personal Guarantor, including any extensions of time for payment or the exchange, surrender or release of any merchandise. This guaranty shall be binding upon the successors and assigns of the Personal Guarantor, and inure to the benefit of, and be enforceable by, the successors, assigns and endorsees of \_\_\_\_\_ [your company name]. The Personal Guarantor further agrees to all provisions in this agreement, including but not limited to, the provisions relating to governing law, venue, personal jurisdiction, and attorney's fees for prevailing party.

Guarantor Name: \_\_\_\_\_

Guarantor Signature: \_\_\_\_\_