

Submit credit card payment with completed form to AdultEveApprentice@nps.k12.va.us

Company Name: _____ **Company Representative:** _____ **Company Phone:** () _____

Company Address: _____ **Company Email:** _____

Street City Zip

Apprentice Information: *Please print legibly and complete ALL sections. Your record depends upon our ability to read this information.*

Social Security Number and Email Address	Apprentice Name (LAST, FIRST, MI) and Home Address	Home and Work Phone Number	Course Number	Tuition	Lab Fee	Book	Late or Transcript fee	Non-App. Surcharge (\$75)	Total
				\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$

Method of Payment: **VISA** **MASTERCARD** **DISCOVER** **AMERICAN EXPRESS** **BUSINESS CHECK**

Number as it appears on credit card

Expiration Date: / /

Total this page: \$_____

Page_____of_____Page(s)

Name as it appears on credit card _____
(Please Print)

Signature: _____

 **Company Card**  **Personal Card**

FAX TO: 757-892-3305
MAIL TO: Apprenticeship Office –
Norfolk Technical Center
1330 N. Military Highway
Norfolk, VA 23502

*****For Office Use Only*****

CC Approval # _____

Receipt No. _____

Total of all pages: \$_____

Amount of Check: \$

Check Number: