



E-CODE ORDER FORM

For your convenience, e-codes allow you to pre-pay for class and are redeemable toward Live, Online, and Welding Qualification Series courses. Please complete and return this form with your payment.

The purchase of e-codes does not automatically register you for classes. Please register online or contact Customer Care for class registration. Pre-payment is **required** when attending an I-CAR class.

Sold to: (Please print)

Name (First Last) _____ Preferred E-mail Address (required for online delivery) _____

Company Name _____ Alternate E-mail Address (if preferred is unsuccessful for e-mail delivery) _____

Company Street Address (no P.O. boxes please) _____ () _____ () _____
 Company Phone _____ Company Fax _____

City _____ State _____ ZIP Code _____

		Description	Cost	Amount
Qty 10+ Minimum Sold	Live e-codes	Gold Class Professionals™ e-code Gold Class ID# _____ e-codes may only be used by the Gold Class business with this ID.	\$102 EACH	
		Platinum Individual™ e-code Name of Platinum Designee _____ e-codes may only be used by this person. For multiple Platinum Individual e-code orders, attach a list of names, I-CAR ID numbers, and quantity for each person. Limit 8 e-codes per designee.	\$102 EACH	
		Standard e-code	\$129 EACH	
Qty 30+ Minimum Sold	Online e-codes	Gold Class Professionals™ e-code Gold Class ID# _____ e-codes may only be used by the Gold Class business with this ID.	\$34 EACH	
		Platinum Individual™ e-code Name of Platinum Designee _____ e-codes may only be used by this person. For multiple Platinum Individual e-code orders, attach a list of names, I-CAR ID numbers, and quantity for each person.	\$34 EACH	
		Standard e-code	\$43 EACH	
* Prices subject to change. e-codes will be delivered through email within 24 hours.			TOTAL \$	

Payment Information

Mail form and payment or fax form and credit card information to:

I-CAR Training Support Center
5125 Trillium Blvd.
Hoffman Estates, IL 60192

Phone: 800.422.7872
Fax: 800.590.1215

Check or Money Order (Make payable to I-CAR)
 Check/Money Order Number: _____

Credit Card Visa Mastercard AMEX Send receipt

Card Holder's Name (Please print) _____ \$ _____
 Amount to Charge

Credit Card Number _____ Exp. Date _____ Security Code _____

Card Holder's Signature _____

Billing Address _____

City _____ State _____ ZIP Code _____