



# Credential Replacement Order Form

## Certification

Name: \_\_\_\_\_ Cert ID # OR Last 4 Digits of SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Signature and Date:** \_\_\_\_\_

(MUST BE SIGNED BY THE CERTIFIED INDIVIDUAL)

**Credentials to be replaced:**

Wallet Card/Certificate \_\_\_\_\_ @ \$15.00/ea  
(Free Logo Sticker Included)

**New ACI Logo Sticker:**

ACI Logo Sticker \_\_\_\_\_ @ \$3.00/ea  
(Non Program-Specific)

**Total Due:**

\$ \_\_\_\_\_

**Method of Payment:**

Visa  Master Card  AMEX: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Check/Money Order: \_\_\_\_\_

**Billing Information** (If different than examinee information)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE LIST PROGRAM CREDENTIAL(S) REQUESTED:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Please Complete, Print, Sign, and Return to ACI**

**Orders can be mailed to: ACI Certification Department, 38800 Country Club Dr., Farmington Hills, MI 48331**

**OR Fax to: (248) 848-3793 **\*\* (Only Credit Card orders can be faxed) \*\*****