**Invoice Request Form**

If you require an invoice to submit the appropriate fee, please provide the following information accordingly:

|  |  |  |  |
| --- | --- | --- | --- |
| **Invoice Request/Email subject line** | **North America Fee** | **Outside North America Fee** | **Email** |
| Certified Rating Program Inquiry | USD 250.00 | USD 285.00 | [amca@accounting.](mailto:amca@accounting.)org; [certification@amca.org](mailto:certification@amca.org) |
| Laboratory Accreditation Inquiry | USD 250.00 | USD 285.00 | [amca@accounting.org](mailto:amca@accounting.org);  [certification@amca.org](mailto:certification@amca.org) |
| Testing Inquiry | USD 250.00 | USD 285.00 | [amca@accounting.org](mailto:amca@accounting.org);  [testing@amca.org](mailto:testing@amca.org) |
| Member/Affiliate Application | USD 2000.00 | USD 2035.00 | [amca@accounting.org](mailto:amca@accounting.org);  [membership@amca.org](mailto:membership@amca.org) |

Manufacturing Company: Indicate proper postal address.

Manufacturing Company Name: [Enter Formal Mfg Company Name] Number of Employees: [Enter #]

Address: [Enter Mfg Co Address] City: [Enter Mfg Co City]

State/Province: [Enter State/Province] Zip/Postal Code: [Enter Zip/Postal Code]

Country: [Enter Country] Website: [Enter website]

Phone Number: [Enter Mfg Phone #] Fax Number: [Enter Mfg. Fax #]

Primary Address  Billing Address  Shipping Address

If necessary, indicate PO #: [Enter PO#]

Company:Indicate if the manufacturing information is different.

Company Name: [Enter Formal Company Name] Number of Employees: [Enter Co #]

Address: [Enter Company Address] City: [Enter Company City]

State/Province: [Enter Company State/Province] Zip/ Postal Code: [Enter Company Zip/Postal Code]

Country: [Enter Company Country] Website: [Enter Company Website]

Phone Number: [Enter Co Phone #] Fax Number: [Enter Co Fax #]

Primary Address  Billing Address  Shipping Address

Application Contact: Main contact.

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone # Extension: Enter# Fax Number: Enter Fax #

Billing Contact: Main contact for financial and billing information.

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone # Extension: Enter# Fax Number: Enter Fax #