

Business Hours:
8:30 am - 17:00pm
CET

Pearson Test of English Academic Voucher Sales Order

Telephone: +44 161 855 7459 | **Fax:** +44(0) 207 681 2005
Email: PearsonVUEVoucherStore@pearson.com

Form completion.

To place a voucher order, fill out the order form in its entirety. Fields with * are required.

Form Submission.

You can submit this form via fax, e-mail or online. The easiest way is to click the "Submit" button which transmits your voucher order directly to Pearson VUE. Make sure to print the completed form for your records.

Processing Time.

Orders are processed within 4 business days from the time of submission.

However, vouchers are not created until payment has been approved and processed. The processing of check payment can take considerably longer. For faster service, we suggest payment by credit card.

Sponsor notes.

Many sponsors require minimum voucher purchase quantities, have varying expiration dates, and/or offer discounts on high volume orders. See sponsor requirements at pearsonvue.com/vouchers

Payment. We accept VISA, Mastercard, AMEX, check and money transfers. If you are paying by check or bank transfer, you will receive an invoice confirming the order along with detailed information about how to make your payment.

Bill To:

*Company Name: _____

*Name: _____

*Email: _____

*Country: _____

*VAT ID: _____

*Full Address: _____

*Phone: _____

Fax: _____

Ship To:

Same as "Bill To" information.

Company Name: _____

Name: _____

Email: _____

Country: _____

Full Address: _____

Phone: _____

Fax: _____

*Your Name: _____

*Date Required: _____

Purchase Order #: _____

This is my first voucher order with Pearson VUE.

If you have not been given a purchase order, you can leave this field blank. Restrictions apply. [Read more.](#)

Voucher Type	QTY	Unit Price	Total
_____	_____	_____	_____

A minimum purchase of 10 vouchers is required for discounted vouchers.

Total Due: _____

Appropriate VAT, if applicable, will be added to Total Due.

METHOD OF PAYMENT

*Payment Type: AMEX MasterCard VISA Check/Bank Transfer

Cardholder's Name: _____

Card Number: _____

Exp Date: _____

Cardholder's Address: _____

* I authorize Pearson VUE to charge this account with the "Total Due": Yes No

*Your Signature: _____