

**Pearson VUE
Supplier Request Form**

5601 Green Valley Drive
Bloomington, MN 55437-1099

Entity Name:

Billing:

Accounts Payable Contact Name:

AP Email: (Where electronic invoices should be delivered to)

AP Address, City, State, Zip Code, Country:

AP Phone:

AP Fax:

VAT Registration No: (EU Countries Only)

Check the box that applies:

Pearson VUE Testing Center

Site ID: _____

School or College (Academic)

Company or Corporation

Correctional

Federal/State/Military

Shipping:

Contact Name:

Email:

Address, City, State, Zip Code, Country:

Phone:

Fax:

****By completing this form, you are agreeing to accept our invoices electronically via email.**

Completed by: _____

Date: _____

Testing Credit

Voucher Credit

Submit completed form to: pvamericaschannelsales@pearson.com