Business Hours:

9:00 am - 6:00 pm local time

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.

Pearson VUE Voucher Sales Order

elephone:	Contact Voucher Store Fax: +91 12	0 400 1622 E r	mail: PVAPVouchers@pearson.com
Site ID:	*Order Date:	PO#:	Restrictions apply. Read mor
Bill To:		Ship To:	
☐ This is	my first voucher order with Pearson VUE.	☐ Same as "E	Bill To" information.
*Compan	y Name:	Company Na	ame:
*Name:		Name:	
*Email:		Email:	
*Country:	*Tax Payer ID:	Country:	Tax Payer ID:
Full Address:		Full Address:	
*Phone:	Fax:	Phone:	Fax:
/icit www.p	earsonvue.com/vouchers/pricelist/ for cu	rrant vauchar prici	
	e: CompTIA exams may no longer be ord		
QTY	Voucher Type		Unit Price Total
Ва	aidu Primary Certification Prepaid Voucher (A	APAC Only) - 7.14	
Ва	aidu Advanced Certification Prepaid Voucher (A	APAC Only) - 7.14	
Ва	Baidu Al Marketing General Skills Prepaid Vouche		4
			Subtotal:
	iate TAX, if applicable, *Currel	ncv.	Total Duce
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J4 D	_	OF PAYMEN	
	ent Type: igcirc AMEX igcirc MasterCard	J VISA V C	heck/Bank Transfer Other
Cardho	lder's Name:		
Card N	umber:	E	xp Date:
Cardho	lder's Address:		
	*I subhavira Dagusan VIII to shaw		ib the "Tetal Due". O V O N-
			th the "Total Due": Yes No
*#	Authorized Purchaser Signatur	e:	

Vouchers will be sent to email address provided.