

## ACT Prepayment Invoice Request Information

***In order to request a commitment (prepaid) account and an invoice, you need to email a signed request on your letterhead with the listed information to:***

**Sandi Jennings**

**Email: [accounts.receivable@act.org](mailto:accounts.receivable@act.org)**

Please include in your request:

- A brief statement regarding why you wish to be pre-billed, i.e., purpose (2020 District Testing, Aspire, PreACT, WorkKeys etc.)
- Note on the letter that the fees for these services will be at prevailing prices at the time services are provided or at agreement rates. This must be on the letter.
- Purchase order number (only if required by your organization).
- Name, address, and contact information where commitment invoice is to be sent.
- Signature of person requesting the commitment.
- The commitment invoice will state "FOR SERVICES TO BE PROVIDED".

Once your request is received by ACT it will be submitted for approval. If approved the commitment invoice will be generated and mailed/emailed back to the requester.

Note that ACT's payment policy is net 30 days from the date on the commitment (prepaid) invoice. No invoice for services will be applied to the commitment (prepaid) invoice until the commitment invoice is paid in full.

Procedures for applying invoices to the commitment (prepaid) invoice:

You will receive an invoice for the services, if you would like to apply these invoices to the commitment (prepaid) invoice. You will need to contact ACT by email at [accounts.receivable@act.org](mailto:accounts.receivable@act.org) and state the invoice number(s) and customer number you would like applied to the commitment (prepaid) invoice. Each time a service invoice are applied it decreases the commitment (prepaid) balance. Any remaining balances are up to you to use or have refunded.

*Please use the example on page 2 for the body of your request:*



I am requesting a commitment invoice in the amount of \$\_\_\_\_\_ for the \_\_\_\_\_program/product. I understand that the invoice will state "For Services to be Provided". I will notify ACT when to apply the service invoice to the commitment (prepaid) invoice. My purchase order is \_\_\_\_\_. (optional)  
The Commitment (prepaid) invoices should be sent to the person listed below. (Please provide the Bill to address):

Name of agency/school  
Address  
City, State, Zip  
Contact person  
Phone:  
Email address:

I understand that our acceptance of payment for the commitment invoice is to be used for ACT services at the prevailing prices at the time services are provided and/or at agreement rates.

Signature Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_