

Test-Taking SolutionTM Order Form

Effective August 1, 2025 www.testtakingsolution.com

A. Purpose

Use this form to order subscriptions for Test-Taking SolutionTM (TTS). Complete the information requested below and follow the instructions in Section G to submit to TTS.

Note: Please review the 16-page Terms & Conditions of Service and the Privacy Policy.

<mark>thoose Service(s)</mark> : □Intense Tuto	orial Services	☐Homework <i>I</i>	Assistance ☐ Test Prep Service
Account Type	# of Scholars	Price per Service	Unlimited Access to Services for this Time Period
□Standard	Individual	\$200	1 month
□Standard	Individual	\$555	6 months
□Standard	Individual	\$935	1 year
 □Family	4-6	\$517.50	1 month
□Family	4-6	\$1,680	6 months
□Family	4 – 6	\$3,155	1 year
□Classroom	18 – 25	\$1,567.50	1 month
□Classroom	18 – 25	\$8,055	6 months
□Classroom	18 – 25	\$15,755	1 year
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□School	26-100	\$2,755	1 month
□School	26-100	\$14,755	6 months
School	26-100	\$25,255	1 year
☐ School District	>100	\$5,730	1 month
☐ School District	>100	\$29,730	6 months
☐School District	>100	\$50,730	1 year
Workshops (online and in Select the proposed date of your every select the year of year	-	sions availab	ole)
□2-hr Group Test Prep	Up to 10	\$555	One-Time
☐4-hr Group Test Prep	Up to 10	\$955	One-Time
□2-hr Professional Development	Up to 10	\$755	One-Time

□4-hr Professional Development

□1-hr Time Management

□ 1-hr Organizational Skills

□1-hr Critical Thinking

\$1,345

\$570

\$480

\$530

Up to 10

Up to 10

Up to 10

Up to 10

One-Time

One-Time

One-Time

One-Time

Other (Please specify):	Specify #:	Quote to be provided	One-Time	
Sales Tax: Mississippi customers w sales tax (7%) and add to the order to received by TTS before tax-exempt	otal. If you are exer	cable state and locampt from sales tax		
Payment : After the order is processed We accept a variety of payment types like Cash App and PayPal.	·			
C. Purchasing Information				
Organization (Customer)				-
Address				
City	State	Zip Co	ode	
Contact Person				
Title		Phone		_
Email				
Is billing information the same as pu ☐ Yes (continue to section E)	•	on? aplete section D)		
D. Billing Information				
Organization (Customer)				
Address				
City	State		Zip Code	
Contact Person				
Title	Phone			
Email			_	

E. School & School District Information (if not applicable, continue to Section F)

Enter the information requested in the table below. When the order is processed, the Administrator will receive an email with instructions for completing the setup of the TTS account.

Administrator	Phone #	Email	# Scholars
	Administrator	Administrator Phone #	Administrator Phone # Email

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By signing and submitting this order form, the Customer's authorized representative hereby indicates th	ie
Customer's agreement to the Terms & Conditions of Service and acknowledgement of the Privacy Police	cy.

	-	
Name (please print)		
Signature	Date	

G. Submit this Order Form for Processing

TTS must receive all pages of this document to process the order. Email this order form to Admin@testtakingsolution.com. For further assistance, call TTS Customer Service: 601-714-TEST (8378).