



REINSTATEMENT REQUEST FORM

Yes, please reinstate my ACAT credentials for \$150. I understand this will reinstate my credential(s) through June 30, 2008, at which time a renewal fee becomes due.

Payment Information

Method of Payment: Check or Money Order, payable to ACAT
 American Express Discover MasterCard Visa

Card Number _____

Expiration Date _____

Cardholder Name _____

Cardholder Signature _____

Please update our records:

Name _____
Last First Initial

Additional Designations Earned _____

Company _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____

Email _____ Web Site _____

Submit this form with payment to:

Accreditation Council for Accountancy and Taxation
1010 N. Fairfax Street, Alexandria, VA 22314-1574
Fax: 703.549-2512 • Toll-free: 888.289.7763