



4520 East-West Highway
Suite 750
Bethesda, MD 20814

T: +1 301.907.2862
F: +1 301.907.2864

www.AFPonline.org

Please allow up to five business days for standard resume critiques and up to 10 business days for resume writing and specialty services to be completed.

Deadline begins upon receipt of all required information and acceptance of payment.

Financial Resume Services

Fax this form to 301.907.2864, ATTN: Career Services, along with your resume and/or cover letter. Once your information and payment have been received, AFP Career Services will contact you. **Please select from the following:**

AFP Code	Member Price	Non-Member Price	Requested Service
RESUME CRITIQUING			
<input type="checkbox"/> RCS	\$75.00	\$100.00	Standard
<input type="checkbox"/> RCO	\$125.00	\$150.00	Next Day
RESUME WRITING			
<input type="checkbox"/> RW1	\$200.00	\$250.00	Bronze (0–1 year experience)
<input type="checkbox"/> RW2	\$300.00	\$325.00	Silver (1–3 years experience)
<input type="checkbox"/> RW3	\$350.00	\$375.00	Gold (4–10 years experience)
<input type="checkbox"/> RW4	\$450.00	\$475.00	Platinum (10+ years experience)
SPECIALTY SERVICES			
<input type="checkbox"/> RW5	\$50.00	\$75.00	Cover Letter
<input type="checkbox"/> RW6	\$50.00	\$75.00	Thank you letter
<input type="checkbox"/> RW7	\$35.00	\$55.00	Action letter
<input type="checkbox"/> RW8	\$15.00	\$45.00	References
<input type="checkbox"/> RW9	\$15.00	\$45.00	Salary history
CAREER DOCUMENTS PACKAGE			
<input type="checkbox"/> RW10	\$145.00	\$165.00	All five Career Documents

1 INFORMATION PLEASE PRINT.

Mr. Ms. Mrs. Dr. AFP Member # _____

Full Name _____
FIRST MIDDLE INITIAL LAST SUFFIX

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Phone _____ Fax _____

E-mail _____

CSV9 (for AFP use only)

ID# _____

Amt \$ _____

MS Reg. # _____

CS Dept. Reg. # _____

DD _____

2 METHOD OF PAYMENT

Credit Card Payment Only

TOTAL \$ _____

Fax this form and credit card information to 301.907.2864, Attn.: Career Services.
To avoid duplicate payment, do not mail previously faxed forms.

American Express MasterCard Visa Discover Card Diners Club

I understand that all fees are payable by credit card only and are due at time of resume submission.
I understand that payment for any AFP Financial Resume Service is non-refundable and non-transferable.

Card Number _____ Exp. Date _____

Signature _____