

## VISA/MASTERCARD TRANSACTION



Mail completed application with this payment form to:

### For Licensees:

ATTN: Cashier  
Department of Pesticide Regulation  
P.O. Box 4015  
Sacramento, CA 95812

### For Continuing Education Sponsors:

Cashier  
ATTN: CE  
Department of Pesticide Regulation  
P.O. Box 1379  
Sacramento, CA 95812

**ALL SECTIONS MUST BE COMPLETED. **DO NOT** E-MAIL OR FAX this form.**

**FAILURE TO COMPLETE ALL SECTIONS WILL RESULT IN YOUR APPLICATION BEING DELAYED OR REJECTED.**

NAME OF CARDHOLDER (NAME APPEARING ON THE CARD)

VISA or MASTERCARD ONLY. No other cards are accepted.

CHECK ONE:  VISA  MASTERCARD

CARD NUMBER  
(16 DIGITS)

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Expiration Date

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Total Amount of Payment

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE CARD)

PAYMENT FOR:

MAILING ADDRESS (Street or P.O. Box Number)

City, State, and ZIP Code

TELEPHONE NUMBER (including area code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:

TODAY'S DATE

DATE MAILED

BY:

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