

Continuing Education Sponsor Visa / Mastercard



Complete this payment form and mail with completed application form(s) to:

Cashier
ATTN: CE
Department of Pesticide Regulation
PO Box 1379
Sacramento, CA 95812

All sections must be completed. Do not e-mail or fax this form. Electronically received forms will not be accepted.

Failure to complete all sections of this form may result in your application and payment being delayed or rejected.

Cardholder Information

Name (as it appears on the card)

Telephone Number
()

Card Information. (Visa and Mastercard only. No other cards are accepted)

Card Type (check one):

Visa

Mastercard

Card Number (16 digits):

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Expiration Date:

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Billing ZIP Code:

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Total Amount of Payment: \$

Signature of Cardholder

Billing Address (Street or PO Box Number)

City

State

ZIP Code

Please list below information for the course(s). Attach an additional sheet if needed.

Course Name:

Sponsor:

Course Name:

Sponsor:

(Department Use Only) – Entered on POS by:

Date Entered:

Date Mailed:

Mailed By:

Notes: