

VISA / MASTERCARD TRANSACTION



INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

Licensees:

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

Continuing Education Sponsors:

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

5. **DO NOT FAX** this form to DPR

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------|--|---------------------------------------|--|
| NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD) | | | | | | | | | | CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard | | TODAY'S DATE | | | | | | | | | | | | | | | | | | | | |
| BANK CARD NUMBER (16 DIGITS) | | <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | BANK CARD EXPIRATION DATE | | TOTAL AMOUNT OF PAYMENT \$ _____ . | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | TELEPHONE NUMBER () | | | | | | | | | | | | | | | | | | | | |

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF LICENSEE OR SPONSOR

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

(City, State, and ZIP Code)

| | | | |
|--|--------------|-------------|----|
| (DEPARTMENT USE ONLY) - ENTERED ON POS BY: | TODAY'S DATE | DATE MAILED | BY |
|--|--------------|-------------|----|