

## Licensee Visa / Mastercard Transaction Form



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

Department of Pesticide Regulation  
 ATTN: Cashier MS-4A  
 PO Box 4015  
 Sacramento, CA 95812-4015

**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 will result in your application and payment being delayed or rejected.

**Cardholder Information.**

Name (as it appears on the card)	Telephone Number
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**Card Information.** (Visa and Mastercard only. No other cards are accepted)

Card Type (check one): <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard															
Card Number (16 digits):															
Expiration Date:															
Total Amount of Payment: \$															

**Signature of Cardholder**

Billing Address (Street or PO Box Number)
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City	State	ZIP Code
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**If the cardholder is not the licensee, or if the cardholder is paying for multiple licensees, indicate who the payment is for below. Please attach an additional sheet if needed.**

1) Licensee Name	4) Licensee Name
License Number (if applicable):	License Number (if applicable):
2) Licensee Name	5) Licensee Name
License Number (if applicable):	License Number (if applicable):
3) Licensee Name	6) Licensee Name
License Number (if applicable):	License Number (if applicable):

(Department Use Only) – Entered on POS by:	Date Entered:	Date Mailed:	Mailed By:
Notes:			