

## 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 (      )
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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:	/	Billing ZIP Code:	
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:
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Notes:
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