



CALIFORNIA EMS AUTHORITY
PARAMEDIC LICENSURE PROGRAM

10901 Gold Center Dr. Ste. 400, Rancho Cordova, CA. 95670-6073
TELEPHONE (916) 323-9875 / FAX (916) 324-2875

Credit Card Authorization Form

Name: _____ License Number: P: _____
(As name appears on card)

Payment Amount: _____

Credit Card Number: _____

Expiration Date: _____ CVC2 Code (security code): _____

Zip Code: _____

<u>Card Type</u>	
<input type="checkbox"/>	Visa
<input type="checkbox"/>	Mastercard
<input type="checkbox"/>	Debit

Signature of Card Holder: _____

If you would like a receipt of payment e-mailed to you, please provide your e-mail address:

Do not add application information to this form.
It will be shredded.