



CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY
EMS STANDARDS – TRAINING PROGRAMS
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STATE USE ONLY

Processed By:

Date Processed:

TRAINING PROGRAM CREDIT CARD AUTHORIZATION FORM

Program or Agency Name: _____

Card Type:

Visa

Mastercard

Debit

Name: _____
(As name appears on card)

Credit Card Number: _____
*Only Visa and Mastercard credit cards are accepted

Expiration Date (MM/YY): _____

CVC2 Code (Security Code): _____ **Billing Zip Code:** _____

Payment Amount: _____

Signature of Cardholder: _____

To receive a receipt of payment, please provide your email address:

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