



Microphone Headset Order Form

Please print your information clearly.

First Name Middle Initial Last Name

Mailing Address Apt. # City State Zip

() _____
Day Time Phone Number

Student ID Number*

** If you do not know your student ID number, please provide the last four digits of your social security number*

Payment Method: Cash (Walk-ins Only) Check Money Order Visa MC

*****Make check or money order payable to WECA. There is a \$25 fee for all returned checks*****

Credit Card Number 20/ 3 Digit Security Code

Expiration Date

Charge Authorization Signature Date \$ 20.00 Amount Authorized

Print Name Exactly as it appears on Credit Card

Cardholder's Billing Zip Code

Please complete form and send with payment to our **Sacramento Region Office & Training Center:**

By Fax: (916) 452-7011

**By Mail: WECA
 3695 Bleckley Street
 Rancho Cordova, CA 95655**

WECA USE ONLY

Student ID: _____ Type of Payment: Cash Check Money Order CC Virtual Terminal

Payment Amount: \$ _____ Auth/Check #: _____

Date: _____ Initials: _____