

Microphone Headset Order Form

Please print your information clearly. First Name **Middle Initial** Last Name **Mailing Address** City State Zip Apt.# **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 □ Check □ Money Order □ Visa □MasterCard ****Make check or money order payable to WECA. There is a \$25 fee for all returned checks**** 20/_____ Expiration Date 3 Digit Security Code **Credit Card Number** \$ 20.00 **Charge Authorization Signature Amount Authorized** Date 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 Auth/Check #: _____ Seq #: _____ Payment Amount:

Date:

Initials: