STATE OF CALIFORNIA CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY CALIFORNIA AIR RESOURCES BOARD ASD/AB-307 (REV. 06/17)

CREDIT CARD AUTHORIZATION FORM

(Please see second page for instructions on completing the Credit Card Authorization Form).

1 Credit Card No.		
2 Expiration Date	3 Payment Amo	ount Authorized
4 Authorized Signature		5 Today's Date
⁶ Program or Violation Type	(PERP, Cargo Tank,	RMP, Enforcement Citations, Settlements, etc.)
7] Reference Number (Applica	tion/Invoice/Citation/A	Account)
8 First Name	Middle Initial	Last Name
⁹ Company Name		
Address		
¹¹ City	St	ate Zip Code
Phone Number (with area c	ode)	¹⁵ Special Instructions
Email Receipt to (programs)	
Email Receipt to (cardholde	r)	
Please submit this form along nvoice, etc.) to:	g with supporting d	ocumentation (citation letter, registration applica
Air Resources Board P.O. Box 1436 or Sacramento, CA 95812		(For Shipping, i.e. FedEx/UPS/DHL) Air Resources Board Attn: Accounting Office 1001 "I" Street, 20 th Floor (Room 20-25)

Please direct credit card related questions to the Air Resources Board's Accounting Office:

Email: <u>AccountsReceivable@arb.ca.gov</u>

Phone: (916) 322-6149 Fax: (916) 322-9612

INSTRUCTIONS FOR COMPLETING THE CREDIT CARD AUTHORIZATION FORM

- The Air Resources Board does <u>not</u> accept a general authorization to charge any payment deficiency or any additional fees to a credit card.
- The Air Resources Board does <u>not</u> accept debit cards or check cards that require use of personal identification number as a method of payment.
- Do **NOT** email this form.

	Check the appropriate box (Visa, MasterCard, American Express, or Discover) to charge credit card.	
1	Enter the credit card number in same format as your credit card. American Express (XXXX-XXXXX-XXXXX) 15 digits. Visa/MasterCard/Discover (XXXX-XXXX-XXXX) 16 digits.	
2	Enter expiration date in DD/YYYY format.	
3	Enter payment amount authorized to be charged.	
4	The authorized signature permits the Air Resources Board to charge the credit card for payment. The payment can be mailed in, faxed, or taken over the phone. If information is taken over the phone, please put "Via phone: (name of caller) by: (ARB Employee)" written in the box.	
5	Enter today's date or the date to charge credit card.	
6	Select appropriate program: PERP, Cargo Tank, RMP, Enforcement Citations, Settlement, Etc.	
7	Enter reference number such as: Citation: STB99999999CCY (Citation #) PERP: P-9999-0717 or P-999999 (Registration #) RMP: 999999-17 (Invoice # - FY) Settlement: HDD-2017-XXXX	
8	Enter the first, middle, and last name as shown on credit card.	
9	Enter company name.	
10	Enter street address.	
11	Enter city, state, and zip code.	
12	Enter phone number to call, if any credit card issue arises.	
13	Enter email address to email receipt for appropriate program.	
14	Enter your (cardholder) email address.	
15	Enter any special instructions for this payment. i.e. Payment Plan: Please charge this card for 18 months in the amount of \$18,000.00 on the 8 th of each month.	