



Department of Public Safety and Correctional Services

Police and Correctional Training Commissions
6852 4th STREET • SYKESVILLE, MARYLAND 21784 • www.pctc.state.md.us
(410) 875-3400 • V/TTY (800) 735-2258 • E-MAIL: mailbox@mpctc.net

Credit Card Payment Information

Complete and fax to: Finance Dept 410 875-3533

Note: This is for payment purpose only.

NOT A COURSE OR LODGING REGISTRATION FORM

ONLY Cards Accepted

Charge my: Visa (CHECK ONE)

Master Card

Card Type: Personal Credit Card (CHECK ONE)

Business/Corporate Credit Card*

Check One

One time only charge

To be used for this charge and kept on file for future use

Purpose: Registration (CHECK ONE)

Program Name:

Program Date:

Attendee(s):

Lodging Dates:

Digest of Criminal Laws

Other

PLEASE TYPE OR PRINT CLEARLY

Name of Card Holder: (AS IT APPEARS ON CREDIT CARD)

Card # - - - - - Expiration Date / Amount
16 DIGITS MM/YY

Credit Card Statement Zip Code: State:

Card Holders Signature:

Card Holders Phone Number:

Agency Name:

If receipt is requested, please provide email:

*NOTE: State Agencies must process RSTARS transfer. Credit card form not accepted.