



The State Bar of California
 Office of Special Admissions/Specialization
 180 Howard Street · San Francisco, CA 94105-1639
 (415) 538-2100

FOR OFFICIAL USE ONLY

File # _____

\$ _____ Rec'd by _____

Credit Card Payment Form - Pro Hac Vice, OSAAC, PTLS

1) CONTACT INFORMATION

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

E-mail: _____ Phone: (____) _____ - _____

2) CREDIT CARD INFORMATION

Visa MasterCard Receipt Y N

Card #: _____ Expires: Month _____ Year _____

Name on Card: _____

Billing Address: _____

Signature: _____ Date: _____

By my signature on this document, I/we hereby authorize the State Bar of California to charge my/our Visa or MasterCard account for the amount listed in the 'total' box below.

3) FEES

Title	Description	Fee	Qty	Total
Pro Hac Vice	Pro Hac Vice <i>SAMPLE</i>	\$50/atty	2	\$100
Pro Hac Vice	Pro Hac Vice	\$50/atty		
OSAAC	Out of State Attorney Arbitration Counsel	\$50/atty		
PTLS	Practical Training of Law Students	\$55/student		
TOTAL				

4) FULFILLMENT INFORMATION



Be sure to attach the appropriate forms and documents to this payment form.

MAIL or FAX this form to:
 The State Bar of California
 Office of Special Admissions/Specialization
 180 Howard Street
 San Francisco, CA 94105-1639
 Fax (415) 538-2304