



## City of Westminster

FINANCE DEPARTMENT  
8200 Westminster Blvd Westminster  
CA 92683  
714-894-7396

### PARAMEDIC SUBSCRIPTION PROGRAM APPLICATION - BUSINESS

#### FOR OFFICE USE ONLY

Entered By \_\_\_\_\_

Date \_\_\_\_\_

Account # \_\_\_\_\_

Application Date

	/		/	
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#### Business Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different)

#### Fees and Payment

Business subscriptions are \$100.00 per 10 employees, per year. Please use a separate form for additional employees.

Employee Name	Social Security #
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

To pay by check, please make payable to **City of Westminster**

To pay by credit card, please fill in the information below:

Name on Card: \_\_\_\_\_

Card #: 

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Expiration Date: \_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_