

Credit Card Authorization

l,			e of credit cardholder	, .
credit card list	ed below for the	e following a	cipal Court to charge manage m	_
outstanding wa	•	•	Ü	
Date				
Case Number				
Name of Defenda	nt			
Card Number				_
Visa	MasterCard	Discover	American Express	
Expiration Date				
Signature of Card	holder			_
Print Name of Car	rdholder			_
Address of Cardh	older			_
				_
Phone # of Cardh	older			_
Fax to: 480-3	350-2737 (Attn: I	Financial Se	rvices)	
	cardholder's resp n processed succ	•	all the Court and verify tha 0-350-8392.	it
Court Use Only: Processed by:			_ Date:	