



CREDIT CARD AUTHORIZATION FORM

Please complete this form completely so that your credit card payment can be processed accurately.

FULL NAME OF DEFENDANT	
NAME ON CARD (AUTHORIZED USER)	
CARD TYPE (VISA/MC/DISCOVER/AMEX)	
CARD NUMBER	
VERIFICATION CODE (3 DIGIT CODE)	
EXPIRATION DATE	
BILLING ADDRESS	
BILLING CITY/STATE/ZIP CODE	
AMOUNT AUTHORIZED	
By signing my name below: <ul style="list-style-type: none">✓ I certify that I am the authorized user and signer of the credit card referenced above.✓ I certify that all the information given is complete and accurate.✓ I hereby authorize collection of payment for all charges, as indicated above.✓ Charges may not exceed the amount listed above in the "AMOUNT AUTHORIZED" field.✓ I understand that the referenced payment is only valid for a one-time payment, as dated above, and that any additional charges will require a new authorization form.	
SIGNATURE OF AUTHORIZED USER	
DATE	