



LAURA M. MILLER
DISTRICT CLERK

CREDIT CARD AUTHORIZATION FORM

(Please Print or Type)

Please circle type of credit card: VISA MASTERCARD DISCOVER

Cardholder Name : _____ Firm: _____

Card Number: _____ Exp Date: ____ ____ / ____ ____

Billing Address: _____ City/State/Zip: _____
(billing address MUST match card)

Telephone Number: _____ Fax Number: _____

Authorized Signature: _____

FOR CLERK USE ONLY

Cause # _____ District Court

Style: _____ VS _____

Transmittal Fee	\$1.00 Per Page	Court Costs	Copies	Surcharge
\$3.00				

NET TO CLERK: \$ _____ TRANSACTION TOTAL: \$ _____

Date Posted: ____/____/____ Payment Processed by: _____

Authorization #: _____ Receipt #: _____

Notes: _____