

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA

CREDIT CARD AUTHORIZATION FORM

INSTRUCTIONS: Please type or print. Mail completed and signed form to:

“CONFIDENTIAL

United States Bankruptcy Court
Eastern District of North Carolina
ATTN: FINANCIAL ADMINISTRATOR
Post Office Box 2807
Wilson, NC 27894-2807"

FIRM/COMPANY: _____

Phone Number: _____

Credit Card Type: Visa MasterCard Discover American Express Diners Club

Card Holder Name: _____

Credit Card Number: _____-_____-_____-_____

Expiration Date: __ __/__ __ (MM/YY)

Credit Card Statement Mailing Address: _____
(Please be sure to list the address where the credit card company sends your statements).
Street Address or P. O. Box

City, State & Zip

I acknowledge that the above information is accurate and that I am an authorized signer of the account. I hereby authorize the United States Bankruptcy Court for the Eastern District of North Carolina to charge the above credit card account for court filing fees incurred by me, my firm or company.

Date: _____

Signature

Print Name

This form, which will be kept on file in the Clerk's Office, shall remain in effect until specifically revoked in writing. It is the responsibility of the attorney/firm named herein to notify the Clerk's Office, Financial Administrator, of the new expiration date when a credit card has been renewed, or if a card has been canceled or revoked.