

United States Bankruptcy Court – Eastern & Western Districts of Arkansas

ONE TIME CREDIT CARD AUTHORIZATION FORM

INSTRUCTIONS FOR COMPLETING FORM:

This form must be typed and can be completed electronically on our website, www.arb.uscourts.gov/forms/ccauthfillable.pdf Press the tab key to advance to each field. A handwritten signature is required. This form must be faxed to 501-374-2345.

Based on the Administrative Office of the US Courts' policy, copies from cases filed prior to December 1, 2003, will be provided via regular mail.

I hereby authorize the U.S. Bankruptcy Court to charge the credit card listed below for payment of fees, costs and expenses which are listed below. I certify that I am a person who is authorized to use this credit card.

Credit Cardholder Name: _____

Street, City, State, Zip: _____

Telephone Number: _____ Fax Number: _____ Email address(optional) _____

Signature: _____ Date: _____

Card Information:

Account Number: _____ Expiration Date: _____

Card Type: _____

Table with 4 columns: Charge Information, Quantity, Fee Amount, Total Fees. Rows include Filing Fee, Installment Fee, Motion for Relief, Motion for Abandonment, Motion to Sell Property Free & Clear of Liens Under 11 U.S.C. §363(f), Conversion Fee, Search Fee, Copies, Certification, Appeal Fee, Archived File Retrieval (one box), Archived File Retrieval (each add'l box), Adversary Fee, Other, and Refund.

Please list all debtor(s) and case number(s):

- 1. _____
2. _____