

INSTRUCTIONS FOR COMPLETING FORM: This form must be typed. It is the responsibility of the cardholder to notify the court if a card has been canceled or stolen. This form will remain in effect until the expiration date or specifically revoked in writing. A handwritten signature is required on this form.

**United States Bankruptcy Court - Northern District of Florida
CREDIT CARD BLANKET AUTHORIZATION FORM**

I hereby authorize the U.S. Bankruptcy Court to charge the credit card listed below for payment of fees, costs, and expenses which are incurred by the authorized users listed below. I understand that when a pleading requiring a fee is received without the fee, the court will automatically charge the account number listed on this form. I certify that I am authorized to sign this form on behalf of my law firm.

Credit Cardholder Name: _____

Signature: _____ **Date:** _____

NAMES OF AUTHORIZED USERS: List names of individuals who sign petitions/pleadings (include cardholder name, if applicable). It is not necessary to list any other individuals.

Law Firm Name: _____

(If sole practitioner, type your name)

Address: _____

Contact Person: _____ **Telephone Number:** _____

Account Number: _____ **Expiration Date:** _____

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CARD TYPE: (Check card type below)

___ MasterCard ___ VISA ___ Discover ___ American Express* ___ Diners Club

**American Express ID Number _____ (This four digit number is printed on your card above the embossed account number.)

This form will be maintained in the court's safe.