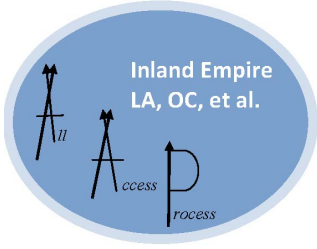


Today's Date: \_\_\_\_\_



# PAYMENT AUTHORIZATION

<b>REQUESTING PARTY</b>	<b>FILE/REF #</b>
Contact's name: _____	
Firm's name: _____	
Address: _____	
Tel: _____ Fax: _____	
Email: _____	

**CASE INFORMATION**

COURT: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

CASE NUMBER (if any): \_\_\_\_\_ HEARING (date/time): \_\_\_\_\_ / \_\_\_\_\_

**PAYMENT INFORMATION**

Process   
  Skip Trace   
  Court

CARDHOLDER'S NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Visa   
  MC   
  AX   
  Discovery

CARD NUMBER: \_\_\_\_\_ EXP \_\_\_\_\_ / \_\_\_\_\_ CVC \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

I, the cardholder, authorize ALL ACCESS PROCESS to charge my credit card for the initial\* charge(s) related to service(s) ordered. Amount \$\_\_\_\_\_.

**PAYMENT BY CHECK:**

Scan a copy of check and **mail original** to our office.

(Place copy of check on this space)