

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 501-918-5520.

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: _____

Charge Information:

Quantity

Fee Amount

Total Fees

Filing Fee _____

Installment Fee _____

Motion for Relief, Motion for Abandonment _____ \$176.00

Motion to Sell Property Free & Clear of Liens Under 11 U.S.C. §363(f) _____ \$176.00

Conversion Fee _____

Search Fee _____ \$ 30.00

Copies _____ \$.50

Certification _____ \$ 11.00

Appeal Fee _____

Archived File Retrieval (one box) _____ \$ 64.00

Archived File Retrieval (each add'l box) _____ \$ 39.00

Adversary Fee _____ \$350.00

Refund of Fee (Order Attached) _____

Other _____

Total to be Charged _____

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

1. _____

2. _____

Reason for not paying online: _____