

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	_____	\$181.00	_____
Motion to Sell Property Free & Clear of Liens Under 11 U.S.C. §363(f)	_____	\$181.00	_____
Conversion Fee	_____	_____	_____
Search Fee	_____	\$ 31.00	_____
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	_____
Other _____	_____	_____	_____
Refund (attach order approving refund)		Amt to be refunded (\$_____)	
Total to be Charged			_____

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

1. _____
2. _____