

**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 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: \_\_\_\_\_ CVC: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Type: \_\_\_\_\_

<b>Charge Information:</b>	<b>Quantity</b>	<b>Fee Amount</b>	<b>Total Fees</b>
Filing Fee	_____	_____	_____
Installment Fee	_____	_____	_____
Motion for Relief, Motion for Abandonment	_____	\$199.00	_____
Motion to Sell Property Free & Clear of Liens Under 11 U.S.C. §363(f)	_____	\$199.00	_____
Conversion Fee	_____	<input type="text"/>	_____
Search Fee	_____	\$ 34.00	_____
Copies	_____	\$ .50	_____
Certification	_____	\$ 12.00	_____
Exemplification	_____	\$ 24.00	_____
Appeal Fee	_____	<input type="text"/>	_____
Archived File Retrieval (one box)	_____	\$ 70.00	_____
Archived File Retrieval (each add'l box)	_____	\$ 43.00	_____
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. \_\_\_\_\_