

Credit Card Authorization

The Department of State's Uniform Commercial Code Unit accepts **MasterCard**, **Visa** and **American Express** for payment of certain fees. To pay the fee for this transaction using a credit card, simply complete and sign this page and attach it to your document, if applicable.

DEBTOR:

Name: _____

Contact Name: _____

Daytime telephone number: (_____) - _____ - _____

Total Amount Due: \$ _____

PLEASE INDICATE TRANSACTION TYPE:

UCC Filing UCC Search Deposit to Drawdown Account

ACCOUNT # _____

PLEASE INDICATE LEVEL OF SERVICE: Please refer to fee schedule for specific filing and information request fees.
Requests for expedited service must be received prior to 2:30 p.m.

Routine 24-48 Hours Expedite - Same Day \$75 in addition to filing and/or search fees.

CARDHOLDER'S INFORMATION: Please print all information clearly, unclear or illegible information may result in rejection of your document(s).

Credit Card: MasterCard Visa American Express

Credit Card Number: _____ — _____ — _____ — _____

Expiration Date: Month: _____ Year: _____

CARDHOLDER'S NAME (PRINT)

CARDHOLDER'S BILLING ADDRESS AS LISTED WITH CREDIT CARD COMPANY

CITY _____ STATE _____ ZIP CODE+4 _____

Cardholder's Signature _____ Date _____

FOR FILING OFFICE USE ONLY

Authorization Number: _____ Cash Number: _____

Date: _____ Initials: _____ Transaction Number(s): _____