

**SUPERIOR COURT OF CALIFORNIA,
COUNTY OF ORANGE
CREDIT CARD PAYMENT FORM**

Case Number: _____

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXP

Card Number: _____

Expiration Date: _____

Amount: _____

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

Signature: _____

Telephone: () _____

Print form and mail to: Information Payment Center, P.O. Box 6040, Newport Beach, CA, 92658-6040 Or The address as listed on your citation

THIS FORM CANNOT BE USED AS A MEANS OF ELECTRONIC PAYMENT.