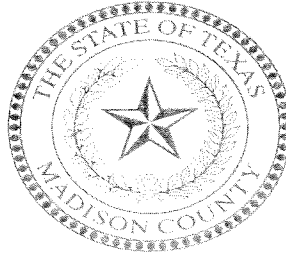


101 W. Main St., RM B22
Madisonville, Texas 77864



936-348-5151 Telephone
936-348-3989 Fax

CREDIT CARD AUTHORIZATION FORM

*****Please Fax this form and a Copy of Cardholders Driver License to the fax number above.

Date: _____

Defendants Name: _____

Address _____ City _____ State _____ Zip Code _____

Defendants DL Number: _____

Ticket Number: _____

Case Number: _____

Amount of Ticket(s)/Citation: _____

Cardholder Name: (PLEASE PRINT) _____

Cardholder Phone No.: _____

Cardholder Address: _____

Mailing address _____ City _____ State _____ Zip Code _____

Please identify credit card below (check one)

_____ American Express

_____ Discover

_____ Master Card

_____ Visa

Credit Card No.: _____ - _____ - _____

Exp. Date: _____ Security Code No.: _____

Amount of Payment including 4% convenience fee: _____

I hereby authorize payment by credit/debit card for the above listed citation(s):

Print Name

Signature