

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

Case Number: _____

Type of Card: ___ VISA ___ MASTERCARD ___ DISCOVER

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 5400 Fullerton,
Ca. 92838-0400 Or The address as listed on your citation**

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