# United States Bankruptcy Court for the District of New Jersey
# Credit Card Authorization Form

*INSTRUCTIONS FOR COMPLETING FORM: This form can be obtained on our website at www.njb.uscourts.gov located under FORMS, followed by selecting Our Court's Misc. Forms. The form may be downloaded, completed and printed using the Adobe Acrobat Software. If you choose to complete your form by hand, please be sure to print legibly and use only blue or black ballpoint ink.*

I hereby authorize the U.S. Bankruptcy Court for the District of New Jersey to charge the credit card listed below for payment of fees, costs and expenses which are incurred by the authorized user(s) listed below. I certify that I am authorized to sign this form on behalf of my law firm. I understand that this information will be securely maintained in the Clerk's office.

☐ New Applicant ☐ Renewal Applicant

*If this is a renewal application, please provide your court issued internal identification number here*: _____

Credit Cardholder Name: _____

Signature: _____ Date: _____

NAMES OF INDIVIDUALS AUTHORIZED TO USE ACCOUNT NUMBER LISTED BELOW:
*(Include cardholder name, if authorized user)*

| Name | BAR I.D. |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Law Firm Name: _____
*(If sole practitioner, type in your name)*

Address: _____
_____
_____

Telephone Number: _____ Fax Number: _____

Name of person to whom receipts should be mailed: _____

Credit Card Account Number

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

Expiration Date (MM/YY):

| | | | | |
|---|---|---|---|---|
| | | / | | |

CARD TYPE *(Please check only one)*: ☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

Please check only the location(s) below where you will be filing:

☐ Camden Office ☐ Newark Office ☐ Trenton Office

*This form will be kept on file in the Clerk's Office and will remain in effect until the expiration of the credit card account. Applicants may also revoke this form by submitting a written request to the address listed below. A new application must be submitted each time there is a change of any information that you have provided within this document. Please supply the court with a written notification if the credit card provided is lost or stolen. Please allow 3-4 weeks for the completion of this application.*

Mail this application to the attention of Lisa M. Dash located at:
United States Bankruptcy Court, P.O. BOX 1352, Newark, NJ 07101-1352

**FOR COURT USE ONLY**
**Recv'd** _____ **Completed By** _____
**Memo**:_____ Approved Declined