

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

CREDIT CARD BLANKET AUTHORIZATION FORM

I hereby authorize the United States Bankruptcy Court for the District of Delaware to charge the credit card listed below for payment of filing fees and other court related expenses which are incurred by the authorized users listed below. I certify that I am authorized to sign this form on behalf of my law firm.

Name as it Appears on Card: _____

Names of Other Authorized Users (Include cardholder name, if authorized user):

Cardholder's Mailing Address:

Telephone Number: _____

Law Firm Name:

(If sole practitioner, type in your name)

Law Firm Mailing Address: ____

Telephone Number: _____

Name of Person to Whom Receipts Should be Mailed:

Card Type: _____ MasterCard _____ VISA _____ American Express

Account No.: _____ **Expiration Date:** _____

Please Indicate if this Information is: [] NEW [] UPDATED

Signature: _____ **Date:** _____

This form will be kept on file in the Clerk's Office and will remain in effect until the expiration date or specifically revoked in writing. It is the responsibility of the law firm or sole practitioner named above to submit a new form and notify the court of any changes to authorized users, a new expiration date when a credit card has been renewed, or a card has been revoked, canceled or stolen.