



**Clerk, US District Court  
 District of Massachusetts  
 1 Courthouse Way, Suite 2300  
 Boston, MA 02210  
 (617) 748-9143 (cashier)  
 (617) 748-9096 (fax)**

Attention: Cashier

Request for Credit Card Payment via Telephone/Mail

Visa				MasterCard				Discover				Diners Card			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expiration Date

<input type="text"/>	<input type="text"/>
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Credit Card Number

American Express														
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expiration Date

<input type="text"/>	<input type="text"/>
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Credit Card Number

Purchase Amount                    \$ \_\_\_\_\_  
 (Exact Amount or Not to Exceed)

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_  
 City                    State                    Zip Code

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name of Signer: \_\_\_\_\_

Reason for Payment: \_\_\_\_\_