



**SUPERIOR COURT OF CALIFORNIA**  
**County of Sacramento**  
**3341 Power Inn Rd.**  
**Sacramento, CA 95826**  
**916-875-3400 www.saccourt.ca.gov**

**Credit Card Authorization**

Please complete one form per case number  
**This form and the accompanying document(s) may not be processed  
if the information provided is not complete and legible.**

CARD HOLDER INFORMATION		
Name on Card:		
Card Holder Billing Address:		
City:	State:	Billing Zip:
Telephone:	Alt Telephone:	

DOCUMENT FILING INFORMATION		
Case Number:		
(only one case number per form)		
Filing Party Name:	Title of Document to be Filed:	Filing Fee:
Filing Party Name:	Title of Document to be Filed:	Filing Fee:
Filing Party Name:	Title of Document to be Filed:	Filing Fee:
Filing Party Name:	Title of Document to be Filed:	Filing Fee:
		<b>TOTAL:</b>

PAYMENT AUTHORIZATION	
Card Type:    ___ Visa            ___ MasterCard	
Card Number: _____ Exp. Date: _____	
Card CVV #: _____ (3 digits on back of card)	
I authorize Superior Court of California, County of Sacramento to charge \$ _____ (total amount) to the credit card provided for the filing of the document(s) listed above.	
Print Name: _____	
Signature: _____ Date: _____	