

Bullhead City Municipal Court

1255 Marina Blvd., Bullhead City, AZ 86442

(928) 763-0130 ■ Fax: (928) 763-0127

Credit Card Payment Authorization

| | |
|----------------------------------|------------------|
| Defendant Name and Date of Birth | Case # |
| Defendant Address | City, State, Zip |

CREDIT CARD INFORMATION

| | |
|--------------------|---|
| Cardholder Name | Card # 3 Digit Security Code: Expiration Date |
| Cardholder Address | City, State, Zip |

Total amount authorized by cardholder \$ _____

Payment by third party: I understand that once this payment has been applied toward the defendant's case, it will not be refunded, under any circumstances.

I authorize the Bullhead City Municipal Court to charge my credit card for the above-mentioned case. Payment will not be processed without the cardholder's signature. Print, sign and email to bulleadcitemunicipalcourt@courts.az.gov or fax to 928-763-8993.

Cardholder Signature _____ Date: _____

Third Party Signature _____ Date: _____

