



BLANKET AUTHORIZATION FORM: Law firms, partnerships, professional corporations, and sole practitioners may present or mail a blanket authorization form to the Court which will permit any lawyer associated with the firm and any employees they designate from the firm to request services and to charge a specified credit card for those services. This form must contain the **original** signature of the cardholder. The original form will be maintained in the Court's safe and should be mailed to:

U. S. Bankruptcy Court
P. O. Box 34189
Charlotte, NC 28234-4189

Attn: Alesia S. Wallace
Financial Specialist

- ! Only Visa, MasterCard, Discover, American Express and Diners Club are accepted at this time.
- ! **RECEIPTS:** Cash register and credit card receipts will be returned or mailed to persons making payment by credit card.

Further questions about credit card payments should be addressed to Alesia S. Wallace at (704) 350-7539.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA**

Please type or print

CREDIT CARD BLANKET AUTHORIZATION FORM

I hereby authorize the U. S. Bankruptcy Court for the Western District of North Carolina to charge the credit card listed below for payment of fees, costs, fines, and 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.

Credit Cardholder Name: _____

Signature: _____ **Date:** _____

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

_____	_____
_____	_____
_____	_____
_____	_____

Law Firm/Sole Practitioner Name: _____

Address: _____

Name of person to whom receipts should be mailed to: _____

Telephone Number: _____

VISA Account Number: _____ Exp. Date: _____

MASTERCARD Account Number: _____ Exp. Date: _____

DISCOVER Account Number: _____ Exp. Date: _____

AMERICAN EXPRESS Account Number: _____ Exp. Date: _____

DINERS CLUB: _____ Exp. Date: _____

Please check the location below where you will be filing & mail the **ORIGINAL** to the Charlotte Office, Attn: Alesia S. Wallace, Financial Specialist. Original will be maintained in the Charlotte's office safe & copies will be provided by the Court to the Asheville office, if applicable.

_____ **CHARLOTTE OFFICE:**
P. O. Box 34189
Charlotte, N.C. 28234-4189

_____ **ASHEVILLE OFFICE**
100 Otis St., Room 112
Asheville, N.C. 28801

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