



PAYMENT VOUCHER

*Return this portion with payment*

OFFICE INFORMATION ONLY:

Case #: \_\_\_\_\_

Enclosed is my filing fee of \$\_\_\_\_\_ or please charge my credit card:

- Visa     Mastercard     Discover     American Express

Credit Card # \_\_\_\_\_ Exp date: \_\_\_\_\_

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

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)