



**State of Delaware  
Justice of the Peace Court  
Credit Card Payment Authorization Form**

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

Court ID: \_\_\_\_\_ Case # (if assigned): \_\_\_\_\_

Plaintiff Name: \_\_\_\_\_

Defendant Name: \_\_\_\_\_

Party Responsible for Payment: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

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

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Type of Credit Card:    MASTERCARD                      VISA                      DISCOVER  
(Please Circle One)

Last three digits of number sequence located in the signature box: \_\_\_\_\_

Amount to be paid with Credit Card: \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

*By signing this form, I hereby authorize the Justice of the Peace Court to charge my credit card account for the above referenced case. I understand that all information on this form will be kept strictly confidential.*