

United States Bankruptcy Court  
Southern District of Illinois  
750 Missouri Avenue  
East St. Louis, Illinois 62201  
(618)-482-9400  
Fax (618) 482-9414

**CREDIT CARD BLANKET AUTHORIZATION FORM**

I hereby authorize the United States Bankruptcy Court for the Southern District of Illinois to charge the credit card noted below for payment of fees, costs and expenses which are incurred by myself or any member or employee of the law firm, partnership or professional corporation stated below. I certify that I am authorized to sign this form on behalf of my law firm. This form must be signed by the person whose signature appears on the back of the credit card.

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

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

Law Firm Name: \_\_\_\_\_  
(sole practitioner type in your name)

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

\_\_\_\_\_

Name of Person to whom receipts should be sent: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

<input type="checkbox"/>	American Express No. _____	Expiration Date: _____
<input type="checkbox"/>	Diners Club No. _____	Expiration Date: _____
<input type="checkbox"/>	Discover No. _____	Expiration Date: _____
<input type="checkbox"/>	MasterCard No. _____	Expiration Date: _____
<input type="checkbox"/>	VISA No. _____	Expiration Date: _____

☐ Please pay for any charges by charging them to this credit card and sending the firm an itemized receipt at the time of each transaction.

This form will be kept on file in the Clerk's office and will remain in effect until specifically revoked in writing and/or the expiration date of the card has passed. It is the responsibility of the law firm named above to complete a new **credit card blanket authorization** when a credit card has been renewed or to notify the court if the card has been revoked, canceled or stolen.

**You must photocopy your credit card (both sides) and attach the copy to this form.**