

Credit Card Payment Form for Optional Purchase of

Trying Cases to Win in One Volume

Name as it appears on payment card	I	
Name of attorney paying fee		
Authorized signature		
Mailing address		
Telephone numbers: Home	Office	Cellular
PAYMENT MADE BY:	_ Visa MasterCa	ırd
Card Number	Expiration Date Security	Code \$_Amount to be charged

FAX CREDIT CARD FORM TO: Kim Bonelli, Clerk's Office, 340-775-8075

E-MAIL CREDIT CARD FORM TO: <u>kim_bonelli@vid.uscourts.gov</u>

QUESTIONS: Telephone: 340-774-0640

E-Mail: joanne_barry@vid.uscourts.gov