

**LAKE HAVASU CONSOLIDATED COURT  
2001 COLLEGE DRIVE, STE 148  
LAKE HAVASU CITY, AZ 86403  
FAX #928-680-0193**

**CREDIT CARD AUTHORIZATION FOR PAYMENT OF FINES  
( PLEASE PRINT)**

CARDHOLDER

NAME \_\_\_\_\_

CARDHOLDER PHONE# \_\_\_\_\_

CREDIT CARD BILLING ADDRESS  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

3 DIGIT SECURITY CODE ON BACK OF CREDIT  
CARD \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_

DEFENDANTS NAME IF NOT CARDHOLDER \_\_\_\_\_

CASE NUMBER/CITATION # \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_