

Credit Card Order Form

Lafayette Parish Clerk of Court P O Box 2009 Lafayette, LA 70502 Phone: (337) 291-6300 Fax: (337) 291-6393

Date: _____

Customer Name: _____ Phone Number: _____

Company Name: _____ Fax Number: _____

Mailing Address:

Street Address: _____

Apt/Ste No: _____

City, State, Zip Code: _____

Credit Card Type: _____ **Visa, MasterCard or Discover ONLY**

Name on Credit Card: _____

**DO NOT INCLUDE
CREDIT CARD NUMBER**

Credit Card Billing Address:

Street Address: _____

Apt/Ste No: _____

City, State, Zip Code: _____

Email Address: _____

ACT NO:	Certify Y/N	Number of Copies	Number of pages
<i>Please verify all ACT Numbers</i>		Total Copy Order	
Office Use Only		Fax Charge	
		*3 % Fee	
		Total Charge	

Additional Notes:

Signature Authorizing Transaction: _____

**Charges will include a separate convenience payment of 3% or a minimum charge of \$1.00 payable to PayGov.US*