

St. Martin Parish Clerk of Court's Office

415 St. Martin Street
Saint Martinville, Louisiana 70582
337-394-2210
Fax: 337-394-8404

One Time Credit Card Payment Authorization Form

Complete and sign this form to authorize the St. Martin Parish Clerk of Court's office to make a one time charge to your credit card listed below.

By signing this form you give us permission to charge your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ (your full name) authorize the St. Martin Parish Clerk of Court's office to charge my credit card account indicated below for **THE AMOUNT LISTED BELOW plus a 4% processing fee** on the date of _____ (today's date. Note: credit card payments may be processed the next business date depending on time of day this request is received into the Clerk's office). This payment is for documents as requested from said person.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

REQUEST:

- _____ Background Check- \$20 each
- _____ Minute Entry- \$15 each
- _____ Document- \$1 per page
- _____ Certified- \$5 per certification

How will you receive requested documents?

NOTE: ADDITIONAL CHARGES MAY APPLY

- _____ Pick-up from Clerks office (free of charge)
- _____ Mail to address above (additional postage fee)
- _____ Email or Fax (additional \$6.00 for the first page, \$2.00 per additional page)
If Email or Fax is chosen, the document **WILL NOT** be a certified document.
Email address: _____
Fax Number: _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____/____			
Security Code	_____			

PRINTED NAME _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card, and I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated on this form.