



**Clerk, US District Court  
District of Massachusetts  
1 Courthouse Way, Suite 2300  
Boston, MA 02210  
(617) 748-9143 (cashier)  
(617) 748-9096 (fax)**

Attention: Cashier

Request for Credit Card Payment via Telephone/Mail

Visa     MasterCard     Discover

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Credit Card Number

Expiration Date

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American Express

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Credit Card Number

Expiration Date

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Four Digit ID# for American Express

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Purchase Amount                      \$ \_\_\_\_\_  
(Exact Amount or Not to Exceed)

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Do Not Use a PO Box

City                      State                      Zip Code

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

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

Authorized Signature: \_\_\_\_\_

Printed Name of Signer: \_\_\_\_\_

Reason for Payment: \_\_\_\_\_