**CREDIT CARD AUTHORIZATION BY FAX FORM**

LARIMER COUNTY COMBINED COURT FAX NUMBER**: (970) 494-3580**

**(PLEASE PRINT ALL INFORMATION)**

COURT CASE NUMBER:

NAME OF THE PARTY TO THE CASE:

PARTY HEREBY ENTERS A PLEA OF GUILTY TO THE CHARGES

SIGNATURE OF PARTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_

CARD HOLDER’S NAME:

CARD HOLDER’S ADDRESS:

CARD HOLDER’S PHONE NUMBER: (     )

CREDIT CARD NUMBER:

PLEASE CHECK ONE: MASTER CARD  VISA  DISCOVER

LAST THREE DIGITS FROM CODE ON BACK OF CREDIT CARD:

CREDIT CARD EXPIRATION DATE:

AMOUNT AUTHORIZED TO BE CHARGED TO CREDIT CARD: $

SIGNATURE OF CARDHOLDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:       CLERK INITIALS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Larimer County Justice Center**

**201 La Porte Ave. Suite 100**

**Fort Collins, CO 80521-2761**