

Kingman/Cerbat Justice Court
P.O. Box 29
Kingman, Az. 86402
928-753-0710
Fax: 928-753-7840

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

Cardholder Name:	
Cardholder Phone #:	
Credit Card Billing Address: City, State, Zip:	
Credit Card #:	
3 Digit Security Code on Back of Credit Card:	
Expiration Date:	
<i>I Authorize the Kingman Justice Court to Charge the above Credit Card in the Amount of \$ _____ (plus 2.39% transaction fee)</i>	
Defendant's Name:	
Case Number / Citation #:	
<i>Cardholder Signature:</i>	
<i>Date:</i>	

When you fax or mail this form to the Court you must also include:

- 1. A copy of the front and back of the credit card**
- 2. A copy of your picture identification**

Once you have faxed the information, it is your responsibility to contact the Court to make sure that we received your information and that it is legible. If the Court is unable to clearly read the information, you may be asked to fax it again.