UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF PENNSYLVANIA

CREDIT CARD BLANKET AUTHORIZATION FORM

I hereby authorize the U. S. Bankruptcy Court for the Western District of Pennsylvania to charge the credit card listed below for payment of fees, costs, fines, and expenses which are incurred by the authorized users listed below. I certify that I am authorized to sign this form on behalf of my law firm.

Credit Cardholder Name: _____

Signature: _____ Date: _____

NAMES OF INDIVIDUALS AUTHORIZED TO USE ACCOUNT NUMBER LISTED BELOW:
(Include cardholder name, if authorized user)

_____ _____
_____ _____
_____ _____
_____ _____

Law Firm/Sole Practitioner Name: _____

Address: _____
_____

Cardholders mailing address:

Telephone Number: _____

Credit Card Issuer:
(For example,. Visa or Mastercard)

Card Account Number: _____ Exp. Date: _____

Please indicate if this information is _____ New _____ Updated

Please check the location below where you will be conducting most of your business and mail this form to the Pittsburgh office at the following address: Clerk's Office, U. S. Bankruptcy Court, Attn: CM/ECF Registration, 5414 U.S. Steel Tower, 600 Grant Street, Pittsburgh, PA 15219

____Pittsburgh Office ____Erie Office

This form will be kept on file in the Clerk's Office and will remain in effect until the expiration date or specifically revoked in writing. It is the responsibility of the law firm or sole practitioner named above to submit a new form and notify the court of any changes to authorized users, card expiration date, or card status.