



ARLINGTON COUNTY, VIRGINIA
CLERK OF THE CIRCUIT COURT
1425 N. COURTHOUSE ROAD, SUITE 6700
ARLINGTON, VIRGINIA 22201

Paul Ferguson
Clerk, Circuit Court

ARLINGTON COUNTY CIRCUIT COURT CREDIT CARD AUTHORIZATION FORM

Cardholder Name: _____

Credit Card Type: VISA _____

 MASTERCARD _____

Company Name: _____

Credit Card Number: _____

Credit Card Security Code: _____ Expiration Date: _____

Amount: _____ Four percent (4%) Convenience Fee: _____

Total Charge to Credit Card: _____

Billing Address where credit card statements are sent:

Phone Number: _____

Being the cardholder or Corporate Officer, by signing below I specifically authorize Arlington County Circuit Court Clerk's Office to charge my credit card for the services and convenience fees set forth in the Arlington County Circuit Court Secure Remote Access User Agreement.

Signature: _____

Printed Name: _____

Date: _____