

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA**

**TEMPORARY AUTHORIZATION FORM**

I hereby authorize the U. S. Bankruptcy Court for District of South Carolina to charge the credit card listed below for payment of fees, costs, fines, and expenses which are listed below. I certify that I am a person who is authorized to use this credit card. This form has been signed by the person whose signature appears on the back of the credit card and either (1) the card is being presented simultaneously with this form or (2) a copy of the front and back of the credit card is attached hereto.

**Credit Cardholder Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Daytime Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**CARD INFORMATION:**

**VISA Account No.:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**MASTERCARD Acct. No.:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**DISCOVER Account Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**AMERICAN EXPRESS Account Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**CHARGE INFORMATION:** Please list the appropriate amounts for each applicable charge.

Filing Fees (for new cases)	\$ _____
Motion Fees	\$ _____
Conversion Fee	\$ _____
Amendment Fee	\$ _____
Search Fee	\$ _____
Copies and Certificates made by Court	\$ _____
Appeal Fee	\$ _____
File Retrieval from Archives	\$ _____
Adversary Filing Fee	\$ _____
Other: _____	\$ _____

**TOTAL CHARGES** \$ \_\_\_\_\_