



## NYICMC CREDIT CARD AUTHORIZATION & ALLOCATION FORM

PLEASE PRINT OR TYPE

APPLICANT ATTORNEY/FACILITY NAME OR CARRIER NAME:

\_\_\_\_\_

IF CARRIER INDICATED ABOVE PLEASE PROVIDE INVOICE #: \_\_\_\_\_

### METHOD OF PAYMENT

### TO BE FILLED OUT BY THE FILING PARTY

Visa

MasterCard

Amex

AMOUNT CHARGED \_\_\_\_\_

ACCOUNT HOLDER NAME \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP. DATE

\_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

CVV#

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE

\_\_\_\_\_

CARDHOLDER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

### PLEASE CHECK FOR PAYMENT ALLOCATION

NEW CASE FILING FEES

ADJOURNMENT FEES

\$100 FINE FEES

ASSESSMENT FEES

MASTER ARBITRATION FEES

Please fax form to 212-233-0141

### FOR INTERNAL OFFICE USE

PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZATION CODE \_\_\_\_\_

COMMENTS \_\_\_\_\_