



OFFICE OF STAN STANART
 COUNTY CLERK, HARRIS COUNTY, TEXAS
 COUNTY CIVIL COURTS DEPARTMENT

FOR CUSTOMER USE ONLY (Please print or type)	
Name of Cardholder:	Date:
Address:	
City:	State: Zip:
Phone No.: ()	Fax No.: ()
PLEASE PROVIDE REQUESTED PAYMENT INFORMATION	
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Exp. <i>There is a 4% surcharge on all services requested by mail, phone or fax.</i>	
Card No. _____ - _____ - _____ - _____ Expiration Date: ____/____	
Card Code _____ Cardholder's Signature:	
<input type="checkbox"/> Frost Bank LegalEase Card No.500679-_____ - _____ - _____	
Client No.: _____ Account Signature:	
PLEASE PROVIDE TYPE OF SERVICE REQUESTED	
<input type="checkbox"/> Certified Copy of document on file (certified copies can not be faxed to customer)	
<input type="checkbox"/> Non-Certified Copy of document of file	
Copies delivered by: <input type="checkbox"/> Mail to address above <input type="checkbox"/> Fax to number above <input type="checkbox"/> Customer will pick up	
<input type="checkbox"/> Payment of filing fees – original documents only, no fax filings will be accepted.	
PROVIDE COPY OR FILING INFORMATION & INSTRUCTIONS	
For County Clerk Use Only:	Amount: \$ _____
Receipt # _____	Approval Code: _____
Requested by: <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> mail	Entered by: _____