



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.:	
Email Address:		

PLEASE PROVIDE REQUESTED PAYMENT INFORMATION

Credit Card: Visa MasterCard Discover American Exp.
There is a 4% surcharge on all services requested by mail, email, phone or fax.

Card No. _____ - _____ - _____ - _____ Expiration Date: ____/____/____

Card Code _____ Cardholder's Signature: _____

Frost Bank LegalEase Card No.500679- _____ - _____ - _____

Client No.: _____ Account Signature: _____

PLEASE PROVIDE TYPE OF SERVICE REQUESTED

Certified Copy of document on file (certified copies cannot be faxed or emailed to customer)

Non-Certified Copy of document of file

Copies delivered by: Mail to address above Fax to number above
 Customer will pick up Email to address above

** Some document(s) may exceed the outgoing email file size limitations*

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 <input type="checkbox"/> email	Entered by: _____