



OFFICE OF CHRIS HOLLINS
 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

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| | |
|--|----------------------|
| 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: _____ |