



**Barbara J. Levey**  
Assessor-Clerk-Recorder-ROV  
2222 "M" Street  
Merced, CA 95340  
(209) 385-7627  
(209) 385-7626 Fax  
www.co.merced.ca.us

### Credit Card Authorization

The Merced County Clerk-Recorder's Office accepts Discover, American Express, MasterCard and Visa for payment of fees. To pay fees using a credit card, simply complete and sign this form and attach it to your application.

When faxing, mailing, or e-mailing, please use the Credit Card Form below.

Include this form with recording(s), Vital Record Request form(s), or Fictitious Business Name Applications. Once your transaction is complete, we will securely destroy your payment form.

LexisNexis, Merced County's credit card vendor, charges a service fee to use this service, separate from the primary fees. All Purchases will have a \$7.00 Service fee.

Please PRINT CLEARLY in blue or black ink only.

DATE: \_\_\_\_\_

Total Amount due: \$ \_\_\_\_\_ + \$ 7.00 Service Fee = \$ \_\_\_\_\_ **TOTAL**

#### CREDIT CARD INFORMATION

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS (Street or PO Box): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_  
( ) - ( ) -

E-MAIL (OPTIONAL): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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UPON APPROVAL OF THE CHARGES BY YOUR CREDIT CARD COMPANY, YOUR CREDIT CARD INFO BELOW WILL BE SHREDDED.

Please charge to the following credit card: (Circle One)

Visa            Mastercard            American Express            Discover

*(If preferred, you may call-in your credit card number information)*

Credit Card No.: \_\_\_\_\_

Expiration Date: (mm/yy) \_\_\_\_\_ CVC Number \_\_\_\_\_