



FEE ARBITRATION CREDIT CARD PAYMENT

If you choose to pay by credit card, please return this form with your "Request by Client for Arbitration of a Fee Dispute". Complete information is required.

AMEX DISCOVER MASTERCARD VISA

Please print legibly.

Number:	Expiration Date:
Filing Fee: \$	
Signature:	
Today's Date:	

Name of Cardholder:
Billing Address for Credit Card:
Phone Number:

Is the cardholder the filing party? Yes No

If you answered no, enter the name of the filing party:

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Enter the name of the attorney with whom you are having the fee dispute:

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