



**OFFICE OF DIANE TRAUTMAN**  
 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**

<b>For County Clerk Use Only:</b>	Amount: \$ _____
Receipt # _____	Approval Code: _____
Requested by: <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> mail <input type="checkbox"/> email	Entered by: _____