

ASSIST VOUCHER

DRIVERS LICENSE	CREDIT CARD
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Date: _____ Defendant: _____

Card Type: _____ Card Holder: _____

Date of Birth: _____ Soc. Sec. No. _____

Card Holder Address: _____

Card No. _____ Exp. Date _____

CHARGES

Premium: _____ Collateral: _____

Misc. Fees: _____ Total Charges: _____

The issuer of the card identified on this item is authorized to pay the amount shown as "TOTAL"
Upon proper presentation, I promise to pay such "TOTAL" (together with any other charges due
thereon) subject to and in accordance with the agreement governing the use of such card.

Signature: _____

Print Name: _____

There must be a copy of the Credit Card and Identification attached to this form!