

SHAKER HEIGHTS MUNICIPAL COURT  
Credit Card Payment Fax Form  
Fax Number: (216) 491-1314

Court Case Number...: \_\_\_\_\_

Cardholder Name.....: \_\_\_\_\_

Last 4 of Credit Card..: \_\_\_\_\_

Card Billing Address...: \_\_\_\_\_  
(Street Number Only)

Zip Code.....: \_\_\_\_\_

Day Time Phone.....: \_\_\_\_\_

Amount.....: \_\_\_\_\_

Cardholder Signature....: \_\_\_\_\_

Incomplete or illegible forms will NOT be processed

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Full Credit Card Number...: \_\_\_\_\_

MasterCard  Visa  American Express  Discover

Expiration Date.....: \_\_\_\_\_

V-Code.....: \_\_\_\_\_  
(3-digit code on back of MC, Visa or Discover)  
(4-digit code on back of Amex)