**CREDIT CARD AUTHORISATION FORM**

**CASE NUMBER:**

**CASE NAME:**

**PAYMENT AMOUNT:**

**CARDHOLDERS NAME:**

**CARDHOLDER’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SIGNED:**

**CARD NUMBER:**

**CARD TYPE** (please tick one): **MASTERCARD  VISA**

**EXPIRY DATE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this credit card authorisation form to the relevant email address:

* [Commercial.registry@countycourt.vic.gov.au](mailto:Commercial.registry@countycourt.vic.gov.au)
* [Commonlaw.registry@countycourt.vic.gov.au](mailto:Commonlaw.registry@countycourt.vic.gov.au)
* [Civil.enforcements@countycourt.vic.gov.au](mailto:Civil.enforcements@countycourt.vic.gov.au)

**STATEMENT OF STANDARD / CONCESSION FEE PAYER**

*County Court (Fees) Regulations 2018*

In the County Court of Victoria

**Proceeding Number:** CI-

|  |  |  |  |
| --- | --- | --- | --- |
| **Case Description:**  (Name of Parties) | -v- | | |
| **Applicant:**  *(party making this application)* |  | | |
| **Legal Representative:**  *(if applicable)* |  | | |
| **Email:** |  | **Telephone:** |  |

* I am a solicitor who is making this statement on behalf of my client.
* I am a party to this proceeding who is making this statement on my own behalf.

At the time of making this statement, I confirm that:

**STANDARD FEE PAYER**

* The applicant is an entity that had a turnover of less than $200,000 in the financial year before the current financial year.
* The applicant is an entity which is a not-for-profit organisation that operates exclusively for charitable, civil or other social purposes and does not share or allocate the funds or profits of the organisation with the owners, shareholders or executives of the organisation.
* The applicant is an executor or administrator of a deceased estate.

**CONCESSION FEE PAYER**

* The applicant is the holder of a current health care card within the meaning of the *Social Security Act 1991.*

**Note -** a copy of this health care card must be attached to this form.

***In signing this form I acknowledge that:***

1. This statement is true and correct to the best of my knowledge.
2. The applicant may be required to supply additional documentary evidence to support this claim.
3. I undertake to provide true and correct information to the Court in relation to my/my client’s financial circumstances in relation to the payment of Court fees during the lifetime of this proceeding.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_