

Bay Area Arbitration Services Program of BASF

CREDIT CARD CHARGE FORM

Case Title:			
Party(s) for whom the	fee is being paid:		
Type of Card:	Visa	MasterCard	American Express
Card Number:			
Expiration Date:	Th	ree or four digit security co	de: Billing Zip:
I authorize payment of	the \$295 per part	y administrative fee to my	charge card listed above, in the amount
Print name as it appear	rs on the credit car	rd:	
Date:	Sign	ature:	
	•	Area Arbitration Service Bar Association of San	0

201 Mission Street, Suite 400, San Francisco, CA 94105

Direct: (415) 782-8905 <u>mking@sfbar.org</u>

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