STATE OF CALIFORNIA
JUS 8799
(orig. 6/08; rev.2/09)

DEPARTMENT OF JUSTICE

CREDIT CARD TRANSACTION

Print | Reset Form | Save

FAX TO: (916) 327-8193 (8:00 am - 4:30 pm M-F)

AGENCY INFORMATION

Agency Customer/Billing Number: _____

Invoice Number: _____

Amount of Payment: _____ ☐ Full Payment ☐ Partial Payment

Agency Name: _____

Contact Name: _____

Agency Telephone Number: _____

Agency Address: _____

YOU MUST INCLUDE ADDRESS TO RECEIVE A SALES RECEIPT

CREDIT INFORMATION

Type of Credit Card: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number: _____

Credit Card Expiration Date: _____

Credit Card Holder Printed Name: _____

Credit Card Holder Signature: _____

DOJ Use Only

Credit Card Approval Number: _____

Invoice Number: _____

Li 01 $ _____	Li 04 $ _____	Li 07 $ _____
Li 02 $ _____	Li 05 $ _____	Li 08 $ _____
Li 03 $ _____	Li 06 $ _____	Li 09 $ _____
Total $ _____	Date: _____	By: _____