STATE OF CALIFORNIA
JUS 8799
(Rev. 05/2026)

DEPARTMENT OF JUSTICE

# CREDIT CARD TRANSACTION

Print | Reset Form | Save

**FAX TO: (916) 731-2150**

**DATE:** _____

## AGENCY INFORMATION

Agency Customer/Billing Number: _____

Agency Name: _____

Invoice Number: _____ ☐ Full Payment ☐ Partial Payment

Amount of Payment: _____ ☐ Multi Payment

Contact Name: _____ Invoice Number: _____ $ _____

Agency Telephone Number: _____ Invoice Number: _____ $ _____

Email Address: _____ Invoice Number: _____ $ _____

**YOU MUST INCLUDE YOUR EMAIL 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: _____ Date: _____

*DOJ Use Only*

Credit Card Approval Number: _____

**Total $** _____ Invoice Number: _____

Line 01 $ _____ Line 04 $ _____ Line 07 $ _____

Line 02 $ _____ Line 05 $ _____ Line 08 $ _____

Line 03 $ _____ Line 06 $ _____ Line 09 $ _____

Posted by: _____ Date: _____