JUDICIARY OF GUAM – CREDIT CARD TELEPHONIC / EMAIL PAYMENT FORM TRAFFIC VIOLATIONS BUREAU		
Name of Cardholder:		
Credit Card Number:		
Credit Card Type:	☐ **VISA**	**Expiration Date:**
	☐ **MASTERCARD**	**CVV Number:**
Billing Address/Zip Code:		
		Amount Charged:
Email Address / Contact Number:		
Name of Processing Personnel:		**Date Processed:**

Last Updated: 9/9/2026