

CEEGUUVQEQWTV  
 HKNKI TGEQTFU  
 TGS WGUVHQTO

Superior Court of California  
 County of Merced



Case Filing Records for Civil and Small Claims Cases

Mailing Contact	
Customer Name	
Company Name	
Street Address	
City, State, ZIP	
Telephone Number	
Fax Number	
E-Mail Address	
Payment Terms	Payment in full due within 30 days from invoice
Payment Amount	\$600 yearly fee

Billing Contact (leave blank if same as above)	
Customer Name	
Company Name	
Street Address	
City, State, ZIP	
Telephone Number	
Fax Number	

**Special Considerations**

What is this information going to be used for?

"

Does your agency have approval of the person to review this information?  Yes  No

Is your agency a governmental entity?  Yes  No

"

**Agreement and Signature**

By submitting this form, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this form may result in the forfeit of my payment.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

"