

CREDIT CARD AUTHORIZATION

DATE: _____

DEFENDANT NAME: _____ DEFENDANT DOB: _____

BOND AMOUNT: _____ FEE AMOUNT: _____

COLLATERAL AMOUNT: _____

CARDHOLDER NAME:

(NAME AS IT APPEARS ON CREDIT CARD)

CREDIT CARD BILLING ADDRESS:

CITY STATE ZIP

BILLING ZIP CODE _____

TELEPHONE: _____ CELL PHONE: _____

CREDIT CARD NO: _____

EXP DATE: ____/____/____ CVV: _____ (3 DIGIT CODE)

CARD TYPE: ____ VISA ____ MC

I hereby authorize the charging of my credit card as indicated. By signing this credit card authorization form you are also granting us permission to charge your card and the use of your signature on file for any additional charges that may arise in the future pertaining to your obligation(s) as an Indemnitor for this bail bond. The undersigned accepts and agrees to all of the terms and financial obligations as stated in the bail bond indemnity agreement and acknowledges that they are a part of this credit card authorization form for future charges. I agree to indemnify and hold harmless the bail bond company or its agent for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile copy is considered as if an original. **NOTE: Charges are subject to a processing fee of 3% that will be subtracted from any refund or returns owed, an additional \$50.00 application/posting fee may be applied for any cancellation or voided bond. Premium is fully earned upon posting of the bond(s) with the jail or court.**

I HAVE READ AND AGREE TO ALL OF THE ABOVE

CARDHOLDER SIGNATURE: _____

DATE: _____