

0000 A.C.C BAIL BONDS INC.

113 E. MAIN STREET SUITE 2

BARTOW, FLORIDA 33830

863-533-1742

scoffeybailbonds@yahoo.com

CREDIT CARD AUTHORIZATION FORM

VISA _____ MASTERCARD _____ DISCOVER _____ DEBIT _____

_____ I understand that a 4% fee will be charged in addition to any payments that my card number should be ran for without the card actually being present. Also should my card be ran for collateral purposes the 4% fee will be automatically charged regardless of presence.

CARD NUMBER: _____

EXP DATE: _____ CVC CODE: _____

DRIVERS LICENSE: _____

CARD HOLDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AUTHORIZING FOR PREMIUM PAYMENT: _____ COLLATERAL _____

CHECK ALL THAT APPLY

I, _____ HEREBY AUTHORIZE 0000 A.C.C BAIL BONDS INC. TO MAKE CHARGES TO MY CREDIT CARD IN CONSIDERATION FOR THE PURPOSES LISTED ABOVE. AND IF APPLICABLE IN THE AMOUNT(S) AGREED UPON ON THE INTERNAL PROMISSORY NOT. (NOT ATTACHED). I ALSO UNDERSTAND THAT SHOULD I DEFAULT ON THIS AGREEMENT I MYSELF WOULD BE SUBJECT TO LEGAL ACTIONS BEING TAKEN AGAINST MYSELF.

Signature of Card Holder: _____ Date: _____

Witness: _____

NOTE ALL CREDIT CARDS ON FILE MUST BE ACCOMPANIED BY IMPRINT OR COPY OF CARD AS WELL AS HOLDERS IDENTIFICATION