

CREDIT CARD AUTHORIZATION

I _____ authorize _____ Bail Bonds to charge my credit card for the transaction to bail.

Name as it appears on Card _____

Card Number _____

Type of Card _____ Expiration Date _____ CVS Code _____

Billing Address _____

Phone - () -

Amount \$ _____

I authorize _____ Bail Bonds to charge my credit card for addition payments per the agreed upon re-payment schedule

I understand there are no refunds and will not dispute these charges to my debit/credit card

Signature of Card Holder