



Toll Free Tel. 1-866-919-4861
Fax# 1-888-454-1756

ONLINE - FAX CREDIT CARD AUTHORIZATION FORM

Today's Date: ____/____/____

Transaction for a Bond on: _____ Date of Birth _____

Bond Amount: \$ _____ City/County/State: _____

Amount of Today's Charge: _____ \$ _____

Name of Card Holder: _____

Card Billing Address: _____

City _____ State _____ Zip Code _____

Email Address: _____

Telephone No: _____ Cell No: _____

Credit Card No: _____

Expiration Date: ____ / ____ CVV No: _____

Card Type: Visa _____ MC _____ Discover _____ Other _____

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(s). The undersigned accepts and agrees to all of the bond 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 surety or its agent for all losses in connection with this bond(s) not otherwise prohibited by law.

NOTE: Charges are subject to a processing fee of 3% that will be subtracted from any refund or returns owed, an additional \$150.00 posting/application processing fee may be applied for any cancellation. Premium is fully earned upon the posting of the bond(s) with the jail or court. Also agreed fax or copy of this form is considered as if an original.

I HAVE READ AND AGREE TO ALL OF THE ABOVE.

Card Holder's Signature: _____

Below section to be completed by card merchant agent:

Auth. #: _____ Agent: _____

Approval# and /or Invoice# _____ Initials _____ Date/Time _____ Surety Agent/Liable% _____