

# Bail Busters Bail Bonds, Inc.

Phone (310) 488-1211

310bailbonds@gmail.com

FAX (424) 603-4724 - No Cover Sheet Needed

\* IMPORTANT FIELDS THAT MUST BE FILLED OUT COMPLETELY.

## CREDIT CARD AUTHORIZATION FORM

### Company Information

\*

LEGAL NAME OF BUSINESS OR INDIVIDUAL AUTHORIZING CHARGE (If corporation, list full corporation name)

Street Address (No P.O. Boxes)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

### Credit Card Information

VISA \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ mm/yy

MASTERCARD \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ mm/yy

AMERICAN EXPRESS \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ mm/yy

DISCOVER \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ mm/yy

SECURITY CODE: \_\_\_\_\_ DRIVERS LIC: \_\_\_\_\_

\*

Name, exactly as it appears on the card: \_\_\_\_\_

\*Email Address - To receive email notification of transaction receipt \_\_\_\_\_

Mailing Address on File with Credit Card Company (If you are unsure please call your Credit Card Company).

**If same address as above, Please write in "Same as Above"**

\*

Street \_\_\_\_\_ City\State \_\_\_\_\_ Zip \_\_\_\_\_

The undersigned hereby declares that the credit information listed above is true, accurate and appears in the name as stated and authorization is hereby given to the above named individuals to use the credit card for payment from Bail Busters Bail Bonds, Inc. Further, I authorize my credit card company to accept and to charge to my account for the bail release initiated by the above named individuals. This authorization allows Bail Busters Bail Bonds, Inc. to use this information to process the bail release of \_\_\_\_\_

(Defendant's Name)

\* X \_\_\_\_\_  
Signature of Card Holder

\* X \_\_\_\_\_  
Print Name Here of Card Holder