

Bail Busters Bail Bonds, Inc.

Phone (310) 488-1211

31 Obailbonds@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