



Bail Yes Nationwide Bonding Agencies

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CREDIT CARD AUTHORIZATION FORM

Today's Date: ____ / ____ / ____
Month MM Day DD Year YYYY Name of Our Employee You Spoke With. _____

Name of Defendant: _____ Date of Birth _____
Enter Full Legal Name of Defendant

Total Bond Amount: \$ _____ City or County _____ State _____
Enter City or County and State of the Jail where defendant is being held at.

Enter Amount of Today's Payment \$ _____ \$ _____
Above Write Payment Dollar Amount in Words

Name of Credit Card Holder: _____ Relationship: _____
Enter Your Name As It Appears on Credit Card Your Relationship to Defendant? IE; Father, Mother


Card Billing Address: _____
Enter The Address Associated With Your Credit Card Bill. (Typically this is the Same as Your Home Address)

City: _____ State _____ Zip Code _____ **BILLING ZIP CODE REQUIRED**

Home or Other Tel# _____ Cell# _____

Your Email Address: _____

Credit Card No. _____

Expiration Date: ____ / ____ Card Security CVV#: ____ 3 or 4 digit code on card. 

Card Type: Visa MC Discover Amex or Other _____

I hereby authorize the charging(s) 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 and its agent for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile and Electronic E-Sign copy of this form is considered as if an original.

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

I HAVE READ AND AGREE TO ALL OF THE ABOVE.

Card Holders Signature: _____

Name of Indemnitor/Card Holder: _____

Fax completed form(s) with copy of your credit card and Drivers license or I.D. to fax number 305-513-0722. Then call 1-800-224-5937.

Below: For Office Use Only: To be completed by card merchant agent:

Bond ID# _____ Surety _____ Transfer Agent & Liable % _____ / _____ %