



SURETY FINANCIAL OF AMERICA CORP.

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ON FILE AGENCY CREDIT CARD AUTHORIZATION FORM

Bail Agency: \_\_\_\_\_ State: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Office # \_\_\_\_\_ Fax# \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ CVV #: \_\_\_\_\_ (See example below)



Card Type: Visa \_\_\_\_ M.C. \_\_\_\_ Discover \_\_\_\_ Amex \_\_\_\_

By signing this credit card authorization form you are granting us permission to charge your card and the use of your signature on file for any additional charges that may become due to FCS and/or this General Agent, more specifically for payment of transfer bonds you have or may request us in the future to post for you and/or payment of any monies owed on bond execution reports. The undersigned accepts and agrees to all of the terms and financial obligations as stated in your bail bond agent contract and acknowledges that they are made a part of this credit card authorization form for future charges. A facsimile 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: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Type Name: \_\_\_\_\_