

ALL ABOUT BAIL BONDS

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CREDIT CARD AUTHORIZATION FORM

I, _____ hereby authorize All About Bail Bonds to charge the amount(s) listed below on the credit listed below. By signing this form, I agree with all the terms and conditions of the bond agreement, which I have made in person, over the phone, by fax or via the Internet. I also authorize All About Bail Bonds to charge the recurring payment plan amount of \$ _____ to this card until the balance is paid in full.

I certify I am the authorized cardholder to this account and all information given is true and correct. I am aware upon default of timely payment of this balance; All About Bail Bonds has the authorization to charge late fees, court costs, administration fees and recovery fees to this card.

I further understand this charge(s) will be used for the purpose of repayment for Bond Posting with All About Bail Bonds and this card will be kept on file for such purposes.

Please Note; If your card expiration date changes, and/or if you are issued a new card number, or you wish to utilize a different credit card than presented on this form, you will need to contact All About Bail Bonds to complete a revised Credit Card Authorization Form

PAYMENT INFORMATION

I authorize a one-time charge against my credit card for the following amount of \$ _____

I authorize a recurring charge against my credit card for the following amount

\$ _____ once every _____ day (s) / week (s) / year (s) / beginning

_____/_____/_____ and ending after _____ payments.

CREDIT CARD INFORMATION

The billing information of the credit card:

Card Holder name: _____ Defendant Name: _____

Billing Address: _____ City: _____ Texas: _____

Credit Card# _____ Expiration Date: _____

Credit Card Type: () VISA, () MASTERCARD, () AMERICAN EXPRESS, () DISCOVER

CVV (3 digit number on back of Visa/ MC/ Discover, 4 digits on front of AMEX

Legible copy of both sides of the credit card (front and back) and legible copy of Cardholder's Driver license MUST BE ATTACHED

SIGNATURE: _____

DATE: _____

PRINT NAME: _____