

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ____ MC ____ AmEx ____ Discover ____ Other ____

Account number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

Item(s) Purchased _____

Amount to be Charged _____

By signing this form, you authorize _____ to charge your card for the amount listed above.

Signed: _____ Date: _____

Disclosure of additional charges form

Travel – per hour – 50.00

Payment processing – 25.00 per payment

Completion of application and related forms 25.00

Late payments – 25.00

To change cosigner or have cosigner removed from bond 150.00/ 100.00 per hour to apprehend defendant

Court appearances as a result of any action based on the bond – 100.00 per hour

Collect Calls – rate charged by phone carrier

UNPAID PREMIUM AGREEMENT

Defendant Name: _____ Date: _____

Bail Amount: _____

Jail: _____

Total Sale Amount: \$ _____

Less Amount Paid Down: \$ _____

BALANCE DUE: \$ _____

The undersigned promises to pay the Balance Due of \$ _____

in _____ installments of \$ _____ each,

with the first installments due as follows: _____

I have deposited as security against this premium balance: _____

I (we) have obtained a bail bond for the release of the above defendant and I (we) promise to pay the Balance Due as prescribed above. I (we) understand that if my payments are not received at the address stated below within five days of the scheduled due date, I (we) will be charged a ten percent (10%) late charge based on the scheduled payment amount. Should my account become over 30 days past due, a demand for full payment may be made at that time. Any and all legal/collection fees associated to my account will be my responsibility.

All payments should be mailed to:

I HAVE READ AND AGREE WITH THE ABOVE DECLARATIONS

Signature: _____ Signature: _____

Print: _____ Print: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Print: _____ Print: _____

Date: _____ Date: _____