

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information

Date: _____ Card Type (Circle One): Visa | MasterCard | Discover | AMEX

Cardholder Name: _____

Billing Address: _____

Card Number: _____

Expiration Date: _____ CVV (3 or 4 Digits) _____

Charge Amount: \$ _____ Telephone # _____

I, _____, authorize **Alex Bail Bonds** to charge my credit/debit card the above mentioned amount.

This charge is for payment towards (Circle One): Premium | Collateral | Forfeiture | Recording Fees | Other

For the bond posted on behalf of _____

I agree to indemnify and hold harmless the surety or its agent(s) for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile copy 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 \$100.00 application/posting 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 AGREED TO ALL OF THE ABOVE

Cardholder Signature: _____

INTERNAL OFFICE USE ONLY:

Defendant: _____ Purpose of Charge: _____

Approval Code: _____ Jail # _____

D.O.B. _____ Agent: _____

