

NC BAIL BOND CONNECTION

BAIL AGENCY: _____

BAIL AGENCY CONTACT NUMBER: _____

CREDIT CARD AUTHORIZATION

THIS IS YOUR AUTHORIZATION TO CHARGE BAIL BONDING SERVICES PROVIDED BY _____. PLEASE COMPLETE THE FOLLOWING FORM AND RETURN TO YOUR BAIL AGENT.

PRINCIPAL: _____ RELATIONSHIP: _____

CARD TYPE: _____ CARD NO: _____

EXP. DATE: _____ SECURITY CODE: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____ WORK: _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

AUTHORIZED CHARGES

PREMIUM: _____ COLLATERAL: _____ CCF (UP TO 3.7%): _____

TOTAL CHARGED: _____ OR PLACE ON HOLD

PER MY REQUEST, I HEREBY AUTHORIZE _____ TO CHARGE ON THE ABOVE CREDIT CARD ACCOUNT.

CARDHOLDER PRINT NAME: _____

CARDHOLDER'S SIGNATURE: _____

DATE: _____

BAIL AGENT: _____

PLEASE MAKE A COPY OF THE FRONT AND BACK OF YOUR CREDIT CARD AND YOUR VALID DRIVER'S LICENSE AND RETURN WITH THIS FORM.