

CREDIT CARD AUTHORIZATION FORM

Date _____

Name of Defendant: _____

Amount of Bond: _____

Amount to be Charged to Credit Card _____

Name of Card Holder: _____

Billing Address for Credit Card: _____

Billing Zip Code: _____ (Required) Email Address: _____

Telephone Number: _____ Cell Phone Number: _____

Credit Card Number: _____

Expiration Date: _____

CVV Number: _____ (3 digits on the back of the card)

Card Type: _____ American Express _____ Visa _____ Master Card _____ Discover

By signing this credit card authorization you are also authorizing this credit card to be charged for any additional expenses that may be incurred in the event of a forfeiture ONLY. Authorized expenses are set forth in Florida Statutes. The undersigned agrees to and accepts all the bond conditions and financial considerations as stated in the Indemnity Agreement and Promissory Note. By signing I agree that a facsimile copy of this document is considered as if it were an original.

NOTE: This premium is non-refundable and is earned upon the Defendant's release. Any monies above the 10% allowable under Florida Statute will be held as collateral and are refundable upon discharge of the bond. Please be advised that a 3% processing fee will be deducted from any collateral placed on a credit card.

Card Holder Signature