



# CREDIT CARD AUTHORIZATION FORM

## ALL-PRO BAIL BONDS Inc.

America's Premier Bail Bond Company

### Washington Offices

2200 Broadway Street, Suite D

Vancouver, WA 98663

Phone: 360.699.6222 Fax: 360.696.5899

CREDIT CARD AGREEMENT FOR BOND/CASH BAIL# \_\_\_\_\_

### READ CAREFULLY AS YOU ARE ASSUMING CERTAIN OBLIGATIONS

This bail bond/cash bail (circle one) is for the defendant: \_\_\_\_\_,  
Being held in the \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ jail.  
I, \_\_\_\_\_ indemnitor, hereby authorize All-Pro Bail Bonds to charge  
my credit card: (check card type)      Visa                      Mastercard  
    Discover                  Other: \_\_\_\_\_

The premium is earned by All-Pro Bail Bonds Inc. upon release of the defendant and is non-refundable. Cardholder further holds harmless All-Pro Bail Bonds Inc. against any and all liability and any and all cost associated with said defendant. Cardholder understands that collateral is held by All-Pro Bail Bonds Inc. until the defendant completes all court appearances or until the court exonerates the bail bond posted. Bail posted in cash is returned to the cardholder only if the court refunds the monies to All-Pro Bail Bonds Inc. Card holder authorizes the following:

### CREDIT CARD INFORMATION:

Credit Card Holder Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone#: \_\_\_\_\_ DL#: \_\_\_\_\_  
Credit Card#: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_  
Premium \$ \_\_\_\_\_ Collateral \$ \_\_\_\_\_ Cash Bail \$ \_\_\_\_\_

Premium Authorization Code: \_\_\_\_\_  
Collateral Authorization Code: \_\_\_\_\_  
Cash Bail Authorization Code: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_