

Bail Bonds Agency: Blandon Bail Bonds 305-597-4595

Tel# _____ Fax# _____

FAX CREDIT CARD AUTHORIZATION FORM

Today's Date: _____ / _____ / _____
Month Day Year

Blandon Bail Bonds - 305-597-4595

NAME OF OUR EMPLOYEE WHO YOU SPOKE WITH ?

Transaction for a Bond on: _____ Date of Birth _____
Full Legal Name of Defendant

Bond Amount: \$ _____ City/County/State: _____
City, County, State where the defendant is being held or Name of Jail and State.

Name of Card Holder: _____
Your name as it appears on credit card.


Card Billing Address: _____ APT#.

_____ Zip _____ BILLING ZIP CODE REQUIRED
CITY STATE

Email Address: _____

Telephone No: _____ Cell No. _____

Credit Card No: _____

Expiration Date: _____ / _____ CVV No: _____ 3 digit # _____ 4 digit # _____


Amount of Today's Charge: _____ Dollars. \$ _____
Dollar Amount in Written Words. \$ Amount in Numerals.

Card Type: Visa ☐ MC ☐ Discover ☐ Amex ☐ Other _____

I hereby authorize the charging(s) of my credit card as indicated.

By signing this credit card authorization form you are also granting us permission to charge your card and the use of your signature on file for any additional charges that may arise in the future pertaining to your obligation/s as an indemnitor for this \$ _____ bail bond(s). The undersigned accepts and agrees to all of the bond terms and financial obligations as stated in the bail bond indemnity agreement and acknowledges that they are a part of this credit card authorization form for future charges. I agree to indemnify and hold harmless the surety or its agent 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 \$150.00 application/posting processing 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 AGREE TO ALL OF THE ABOVE.

Card Holder's Signature: _____

Indemnitor / Card Holder :

Fax completed form(s) with copy of your credit card and a government issued I.D. to fax number listed above. Then call the Bail Agent's Office.

For Office Use Only: Below section to be completed by card merchant agent:

Auth. #: _____ Agent: _____ SNCC / NRIC / IFIC / AMCC / RSCC / FCS / _____
Approval# and/or Invoice# Initials Date / Time Surety Circle One Surety Agent / Liable %