

CREDIT CARD AUTHORIZATION FORM

Today's Date: ____/____/____

Card Holder's Name: _____

Visa Master Card Discover American Express

Credit Card # _____ CVV # _____ Exp. _____

Billing Address: _____ Zip: _____

Telephone # _____ Cell # _____

Charge Amount: _____ Dollars \$ _____

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

I _____ authorize **001 Alicea Bail Bonds Inc.** to charge my credit/debit card the above mentioned amount. This charge is for payment towards Premium/Collateral/Forfeiture/Recording/Other (circle one) for the bond posted on behalf of _____ (defendant). 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, and 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

SIGNATURE OF CARD HOLDER: _____

Fax completed form (s) with copy of your credit card and government issued I.D.

to fax number **786-536-5704.**

INTERNAL OFFICE USE ONLY:

Defendant: _____ Jail # _____ DOB _____

Purpose of Charges: _____ Agent: _____

Approval Code: _____

