

Avolevan Bail Bonds

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Local: 909-721-8204
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www.avolevanbailbonds.com

CREDIT CARD AUTHORIZATION FORM

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

Transaction for 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 & State

Name of Card Holder: _____
Your Name as it Appears on Credit Card

Card Billing Address: _____

Email Address (Electronic Receipt): _____

Credit Card Number: _____

Expiration Date: _____ / _____ CCV No: _____ (3 digit security code on back of card)

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 Avolevan Bail Bonds permission to charge your card and the use of your signature on file for any additional charges pertaining to your obligation(s) as an indemnitor for this bail bond(s). The undersigned accepts and agrees to all of the bail 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(s) for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile copy is considered as if an original.

Card Holder's Signature: _____

Indemnitor / Card Holder: _____

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