



CREDIT CARD AUTHORIZATION FORM NON-DISPUTE TRANSACTION

AUTHORIZATION TO CHARGE CREDIT CARD
FOR THE PAYMENT OF A BAIL BOND PREMIUM, RENEWAL
OF BAIL BOND PREMIUM OR FORFEITURE

DEFENDANT NAME: _____

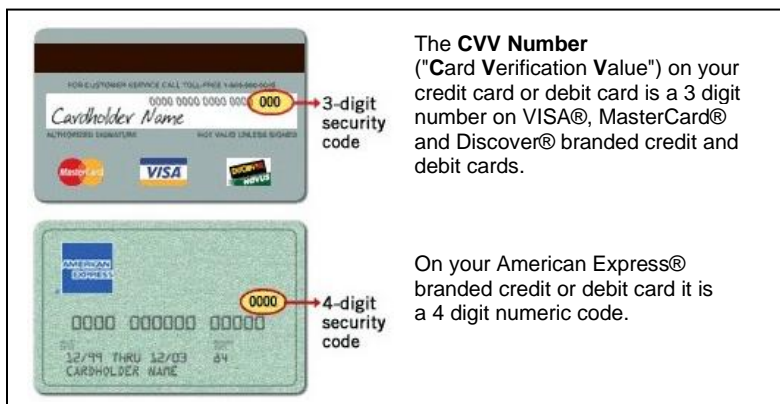
DEFENDANT PHONE #: _____

I authorize to charge my:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
---------------------------	-------------------------------	-------------------------------------	---	-----------------------------------

Credit Card No.		Expiration Date	
Name as it Appears on Credit Card	Driver's Lic/ID #:		State Issued:
Billing Address	City	State	Zip
Phone Number:		Email:	

CVV: _____
Please reference the picture to the right for the location of this number on your card.

Bank Name: _____



This authorization form shall be held on file in strict confidence.

By acknowledging and signing this statement, I relinquish any right to dispute this transaction in any way, now or in the future. By signing this credit card authorization form I am granting North Main Bail Bond Company permission to charge my card and the use of my signature on file for any additional charges that may arise in the future pertaining to my obligation(s) as an indemnitor for this \$_____ bail bond (s). I, the undersigned accept and agree to all bond terms and financial obligations as stated in the bond indemnity agreement and acknowledge that they are part of this credit card form for future charges. I agree to indemnify and hold harmless the agent of the surety for all losses in connection with this bond(s) not and not otherwise prohibited by law. I recognize and represent my full satisfaction and receipt of all services relating to the transaction identified above. Facsimile copy is considered as original. Note: charges are subject to processing fee a \$50 to 3% service charge plus all expenses incurred may be charged on any voided bond that will be subtracted from any refund or returns owed. If the defendant fails to check in 24 hours of being released. I understand and acknowledge that I will take full responsibility for the bail bond by the surety. Failure of the defendant checking into our office after being released or detained by another agency or detention center doesn't release me from any and all financial obligations for the bond(s).

Authorized Signature	Print	Date
-----------------------------	--------------	-------------