

# JC BAIL BONDS AGENCY LLC

778 CASTLE HILL AVE

BRONX NY, 10473

TEL:718-717-5170 FAX:347-398-9535

I \_\_\_\_\_ PERSONALLY AUTHORIZE JC BAIL BONDS AGENCY LLC TO CHARGE THE AMOUNT OF \$ \_\_\_\_\_ TO MY CARD DESCRIBED BELOW, IN CONNECTION TO BAIL BOND FOR \_\_\_\_\_. I HAVE ALSO CONSENTED TO HAVE MY I.D AND CREDIT CARD COPIED A PROOF THAT I DID INDEED AUTHORIZE THIS TRANSACTION FOR THE PURPOSE OF BAIL THROUGH JC BAIL BONDS AGENCY LLC ON THIS DATE: \_\_\_\_\_ AND TIME: \_\_\_\_\_.

## CREDIT CARD CHARGE AGREEMENT

CARDHOLDER'S PRINT NAME: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

DEFENDANT'S NAME: \_\_\_\_\_

BOOKING NUMBER: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

CARD TYPE (CIRCLE ONE): VISA / MC / DISCOVERY / AM EXP

NAME AS SHOWN ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

VERIFICATION NUMBER (THREE DIGIT): \_\_\_\_\_

CARD EXPIRATION DATE: \_\_\_\_\_

TOTAL BAIL AMOUNT: \_\_\_\_\_

AMOUNT AUTHORIZED: \_\_\_\_\_

BALANCE DUE: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

AGENTS SIGNATURE: \_\_\_\_\_