

BAIL BOND SERVICE AGENCY
WWW.FINDBAIL.COM
GLENDA'S BAIL BONDS
1304 W. COMMONWEALTH AVE
FULLERTON CA. 92833
800-570-3030
Fax: 714-869-3487

**AUTHORIZATION TO CHARGE CREDIT CARD FOR THE
PAYMENT OF
BAIL BOND PREMIUM, COURT COST, FORFEITURES**

The undersigned, having made application for a surety, or bail bonds(s), to be issued by Bail Bond Service Agency, Glenda's Bail Bonds, California Insurance licensed bail bond agencies, hereby authorizes Bail Bond Service Agency, Glenda's Bail Bonds, its employees, agents or representatives to charge such premium not to exceed the sum of \$_____ (US Dollars) for the bail bond premium at the time of undertaking of said bail bond for defendant _____, Bonds Number(s) _____ as may be applicable for the issuance of said bonds(s) to the credit card account more fully described below.

The authorization information below will be held on file in confidence. The credit card may be checked for validity before issuance of the bond(s). The card number below may be used to pay for premium when it becomes due until this authorization is cancelled in writing by the undersigned, provided, however, if the bond obligation undertaken by Bail Bond Service Agency, Glenda's Bail Bonds is non-cancelable, this authorization will remain in full force until such time as the bond obligation referred to herein is fully exonerated and discharged.

The undersigned agrees that the Bail Bond Service Agency, Glenda's Bail Bonds may pursue all means possible to collect on obligations owed to Bail Bond Service Agency, Glenda's Bail Bonds. The undersigned further agrees to authorize Bail Bond Service Agency, Glenda's Bail Bonds to submit credit card changes using the credit card listed below to recover all payments due and all other unpaid amounts for the payment of premiums, court costs, or forfeitures.

Applicant also acknowledges that should the bond be exonerated or charges dropped before the full premium has been paid, the remaining balance is nonetheless still due. Therefore understands that this premium is Fully Earned upon the Defendants release from custody on said bond. I furthermore agree not to attempt to cancel or anyway void the charges stated in this agreement.

Print Clearly.

Card Type: ___ Visa ___ MasterCard ___ Amex ___ Discover Security Code: _____

Name on Card: _____

Card Number: _____ Expiration: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

I herby declare that I am the holder of the above credit card, or have been authorized by holder of said credit card to use it to pay premium(s), court cost or forfeitures for Bail Bonds Provided by Bail Bonds Service Agency, Glenda's Bail Bonds. I also understand that the credit card may be charged for any future invoices for any and all costs associated with this/these bail bond(s)

Cardholder's Signature: _____ Date: _____

If this authorization is to be returned by Fax, please fax back to 714-869-3487