

BAIL BOND HOTLINE

101 N. MOODY, VICTORIA, TEXAS 77901
361.578.2245 www.FreeMeAsap.com

CREDIT CARD AUTHORIZATION FORM

Bondee (Person in Jail) Name: _____

CREDIT CARD HOLDER INFORMATION

Full Name as it Appears on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ E-MAIL: _____

MasterCard **Visa** **Discover** **American Express** **Other:** _____

Credit Card Number: _____ Expiration Date: ____/____/____

CVM (Card ID) Number: _____ (CVM: 3 digits after 16 digit account # on the back of MasterCard, Visa & Discover. or 4 digits on front of AE)

I hereby authorize **BAIL BOND HOTLINE OF TEXAS** to charge my credit card:

AMOUNT(S): _____

DATE(S): _____

AUTHORIZATION

I hereby authorize **BAIL BOND HOTLINE OF TEXAS** to charge the indicated credit card for services provided and applicable payments. I agree that this is a periodic charge that will be made according to my billing cycle, and in order to terminate the recurring billing process I must arrange for an alternative method of payment. I understand that all account cancellations for which an active recurring billing authorization exists must be made in writing according to the requirements of **BAIL BOND HOTLINE OF TEXAS** Terms of Services which I have read and understand. I agree not to dispute **BAIL BOND HOTLINE OF TEXAS** recurring billing with my credit card issuer as long as the amount in question was for services rendered prior to cancellation of the account. I agree to the terms and conditions set forth in the **BAIL BOND HOTLINE OF TEXAS** Terms and Conditions, and I understand that I will forfeit any fees paid to date if my account is terminated as a result of a Terms of Services violation. I understand that **BAIL BOND HOTLINE OF TEXAS** will not mail me any invoices or bills. I agree that any credits issued by **BAIL BOND HOTLINE OF TEXAS** for any reason will not be refunded to my credit card, but instead deducted from my next bill. I agree that if I have any problems or questions regarding my **BAIL BOND HOTLINE OF TEXAS** account, I will contact **BAIL BOND HOTLINE OF TEXAS** for assistance. I agree that I will not dispute any charges from **BAIL BOND HOTLINE OF TEXAS** unless I have already made an effort in good faith to rectify the situation directly with **BAIL BOND HOTLINE OF TEXAS** and those efforts have failed. I authorize **BAIL BOND HOTLINE OF TEXAS** and its sponsoring agency to run an address verification search. This verification process is a security measure designed to protect me, the client, from illegal fraud against my credit card. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this recurring billing agreement with **BAIL BOND HOTLINE OF TEXAS**. **REQUESTS TO TERMINATE AUTHORIZATION OF RECURRING BILLING MUST BE MADE IN WRITING 7 DAYS PRIOR TO THE NEXT SCHEDULED PAYMENT TO THE ADDRESS LISTED ON THE TOP OF THIS DOCUMENT.**

SIGNATURE NAME - Cardholder's or Person Presenting Card

_____/_____/_____
Date of Signature

NOTE – A 5% HANDLING FEE WILL BE ADDED TO EACH TRANSACTION – INITIAL – _____

PRINTED NAME - Cardholder's or Person Presenting Card

COPY OF DRIVER LICENSES