



FAX TO:  
OFFICE: (360) 874-7568

**CREDIT CARD AUTHORIZATION**

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

Billing ADDRESS, Name and ZIP CODE: \_\_\_\_\_

Name of issuing bank (I.E. Citibank, Provident, MBNA, etc): \_\_\_\_\_

*This credit card charge is being used to pay for:*

Bail Bond # \_\_\_\_\_ on principal: \_\_\_\_\_

PREMIUM CHARGED including processing of credit card (3%) \$ \_\_\_\_\_

Other costs (administrative, posting agent, courier fees): \$ \_\_\_\_\_

SECURITY/COLLATERAL DEPOSIT \$ \_\_\_\_\_

(fully refunded upon uninterrupted completion of court appearances pertaining to principals court matter)

Mastercard ( ) American Express ( ) Discover ( ) Visa ( )

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_ (American Express has 4 digits on front of the card)

Phone # for Customer Service: \_\_\_\_\_ State Driver Licenses #: \_\_\_\_\_

CARD HOLDER SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: IF this Authorization is being faxed...Please fax a copy of both sides of your credit card and the front side of your driver's license! Does the picture match the card? Y/N

I, \_\_\_\_\_, agree not to cancel or to in any way void the Charge Card Agreement that I have signed. Further, I agree that if I should cancel or cause this agreement to be voided, and/or defrauding Casey Bail Company, I can be prosecuted criminally and will incur court costs if found defrauding Casey Bail Company.

Indemnitor Signature \_\_\_\_\_

Indemnitor Printed name of Credit Card \_\_\_\_\_

**SERVING  
CLALLAM, JEFFERSON, KITSAP, PIERCE & KING COUNTIES  
• PORT ORCHARD, WA 98366**

CALL ANYTIME

**24 HOUR SERVICE**