



CASEY'S BAIL BONDS

CASEY'S BAIL BONDS
4101 West State Highway 16
Bremerton WA 98312
(360) 731-8510

Getting Your Loved Ones Released Fast!

CREDIT CARD AUTHORIZATION

NAME ON CREDIT CARD: _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____

Name of issuing bank _____

THIS CREDIT CARD CHARGE IS BEING USED TO PAY FOR:

BAIL BOND # _____ PRINCIPAL: _____

PREMIUM CHARGED: _____

ADMINISTRATIVE COSTS OR FEES: _____

SECURITY/COLLATERAL being held in Trust: _____

CREDIT CARD # _____

EXPIRATION DATE _____ CVV _____

Phone # for Customer Service _____

CARD HOLDER SIGNATURE _____ 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.

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's Bail Company, I can be prosecuted criminally and will incur court costs if found defrauding Casey's Bail Company.

Indemnitor Signature

Indemnitor Printed
re: Credit Card