



Minuteman^í Bail Bonds

1852 W. 11th St. – Suite 306
Tracy, CA 95376
(8\$\$) * (+! ' %\$+ Toll-Free
(209) 836-6060 Main Office
(209) 836-2060 Fax

Official Use Only:
Defendant: _____
Bond(s): _____

AUTHORIZATION TO CHARGE CREDIT CARD FOR THE PAYMENT OF A BAIL BOND PREMIUM, RENEWAL OF BAIL BOND PREMIUM OR FORFEITURE

The undersigned, having made application for (or renewal of) a surety, or bail bond(s), to be issued by Minuteman Bail Bonds, a California insurance licensed bail agent, hereby authorizes Minuteman Bail Bonds, its employees, agents or representatives to charge the bail bond premium/renewal in the sum of

_____ U.S. Dollars
\$ _____.

The authorization information below shall be held on file in strict confidence. The credit card may be checked for validity before issuance of the bail bond(s). The card number below may be used to pay the premium when it becomes due until this authorization is cancelled in writing by the undersigned, provided, however, as long as the bail bond obligation undertaken by Minuteman Bail Bonds is in force, this authorization will remain in full force and effect until such time as the bail bond obligation referred to herein is fully exonerated or discharged.

The undersigned agrees that Minuteman Bail Bonds may pursue all means possible to collect on obligations owed to Minuteman Bail Bonds. The undersigned further agrees to authorize Minuteman Bail Bonds to submit credit card charges using the credit card listed below to recover all payments due and all other unpaid amounts for the payment of premiums, premium renewals or forfeitures.

- PRINT CLEARLY -

Card Type: _____ MasterCard® _____ Visa® _____ Amex® _____ Discover®

Security Code: _____

Name on Card: _____

Card Number: _____ Expiration: _____

Billing Address: _____ City: _____

Billing City: _____, State: _____ Zip: _____

I hereby declare that I am the holder of the above credit card to use it to pay premium(s), renewals or forfeitures for Bail Bonds provided by Minuteman Bail Bonds. I also understand that this credit card may be charged for any future invoice 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 (209) 836-2060.