

AGENT

Charles Schmidt RPB: #403601
e-bailbonds Tel: (303) 250-6351
P.O. Box 1899 Fax: (720) 524-3967
Arvada, CO. 80001-1899
www.e-bailbonds.us info@e-bailbonds.us

CREDIT CARD AUTHORIZATION

I, _____ print name, grant permission and authorize **Charles Schmidt d/b/a e-bailbonds** of Arvada, Colorado to debit my credit/debit card in the sum of \$_____ for the premium amount due for bail bond posted in good faith is due in full at the time of posting of the bond and is **NON-REFUNDABLE** on Defendant(s) _____ with the understanding that this transaction is for services rendered in good faith. This card may also be debited in the future for any outstanding balances, bail bond recovery fees, or any other fee associated with this bond and may be held as collateral against all debts or expenses incurred on this bond.

Upon the exoneration (release) of said bond by the court in the county of _____, State of Colorado, \$ 0 of these fees are refundable.

In the event of forfeiture of this bond, this card may be used to satisfy the forfeiture and any other costs of this bond.

I HEREBY AGREE AND UNDERSTAND ALL STATED ABOVE.

ALL INFORMATION MUST BE FILLED OUT (NO BLANKS)

TYPE OF CARD Visa Master Card Discover Dinners Club American Express

Card number: _____ Exp. Date: _____

CVC (three-digit security code): _____ Driver's License Number: _____ State: _____

Name as it appears on card: _____

Address where card is billed to: _____ Apt. _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

e-mail (optional): for electronic receipt: _____

Cardholders Name: (Print) _____ Date: _____

Signature: _____