

CREDIT CARD AUTHORIZATION FORM

I, _____

HEREBY AUTHORIZE O O 7 BOND LLC, TO CHARGE THE

BOND PREMIUM \$ _____ + 5% _____ = \$ _____

TO MY MASTERCARD / VISA / AMERICAN EXPRESS / DISCOVER / CREDIT CARD / DEBIT CARD

CARD NUMBER: _____

EXPIRATION DATE: _____ CVV CODE: _____

CARD HOLDER NAME: _____

STATEMENT ADDRESS: _____

CARD HOLDER PHONE #: _____

NAME OF DEFENDANT: _____

I HEREBY CERTIFY THAT A FAXED COPY OF THIS AGREEMENT IS TO BE TREATED THE SAME AS AN ORIGINAL.

I UNDERSTAND UNDER SOUTH CAROLINA LAW FEES FOR BAIL BONDS ARE NON-REFUNDABLE ONCE BOND IS EXECUTED.

I AGREE TO AUTHORIZE ALL RECURRING CHARGES TO MY ACCOUNT BASED ON THE PAYMENT SCHEDULE INCLUDED IN THE BAIL BOND TERMS AND CONDITIONS.

CARDHOLDERS SIGNATURE

DATE

A PHOTO ID AND A COPY OF THE CREDIT CARD MUST BE ATTACHED TO THIS DOCUMENT AND FAXED TO 1-803-789-7890.

REFERENCE #: _____

RECEIPT #: _____

TRANSACTION #: _____