

EXPRESS BAIL BONDING COMPANY
236 Forsyth Street, Suite 103
ATLANTA, GA 30303
(404)522-3201/ FAX: (404)688-3803

TO WHOM IT MAY CONCERN:

DATE: _____

I, _____, give **EXPRESS BAIL BONDING COMPANY** permission to charge my credit/debit card in the amount of \$_____** (2% surcharge added for Credit Card transactions) for the bail release and services for _____(Defendant/Principal).

CHECK CARD TYPE: AMEX MasterCard Visa

Card Number: _____

Expiration Date: ____/____ **Security Code:** _____

Driv Lic #: _____ **State:** _____ **EXP:** _____

Name As Appears On Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Card Holder Phone Number: (____) _____

Charge Authorized Amount: \$ _____

Card Holder Signature: _____

Card Holder Name (Print): _____

**** INITIAL:** _____ CREDIT CARD WILL BE CHARGED THE FULL AMOUNT OF THE BOND IF THE CASE IS FORFEITED AND JUDGEMENT IS RENDERED AGAINST THE DEFENDANT.