

# CONNIE HOLT BAIL BONDS

508 N, Choctaw  
El Reno, Oklahoma  
73036  
405-262-1010

## CREDIT CARD AUTHORIZATION FORM

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Our Employee You Spoke With. \_\_\_\_\_

Name of Defendant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Full Legal Name of Defendant \_\_\_\_\_

Total Bond Amount: \_\_\_\_\_

City or County Jail and state where defendant is being held \_\_\_\_\_

Enter amount of Today's Payment \$ \$ \_\_\_\_\_

Write out Payment Dollar Amount \_\_\_\_\_

Name of Credit Card Holder: \_\_\_\_\_

Relationship to Defendant: \_\_\_\_\_

Enter Your Name As It Appears on Credit Card: \_\_\_\_\_

### **Card Billing Address:**

Enter The Address Associated With Your Credit Card Bill. (Typically this is the same as Your Home

Address) \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_ **BILLING ZIP CODE REQUIRED**

Home or Other Tel# \_\_\_\_\_ Cell# \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Credit Card No. \_\_\_\_\_

Expiration Date= MM/ YY: \_\_\_\_\_ . Card Security CVV#: 3 or 4 digit code on card. \_\_\_\_\_

Card Type: Visa, MC, Discover, Amex or Other: \_\_\_\_\_

**I hereby authorize the charging(s) of my credit card as indicated.**

By signing this credit card authorization form you are also granting us permission to charge your card and the use of your signature on file for any additional charges that may arise in the future pertaining to your obligation/s as an indemnitor for this \$ bail bond(s). The undersigned accepts and agrees to all of the bond terms and financial obligations as stated in the bail bond indemnity agreement and acknowledges that they are a part of this credit card authorization form for future charges. I agree to indemnify and hold harmless the surety and its agent for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile and Electronic E-Sign copy of this form is considered as if an original.

**NOTE:** Charges are subject to a processing fee of 5% of the total bond(s) and premium amount. Premium is fully earned upon the posting of the bond(s) with the jail or court.

**I HAVE READ AND AGREE TO ALL OF THE ABOVE:**

Card Holders Signature: \_\_\_\_\_

Name of Indemnitor/Card Holder:

Fax completed form(s) with copy of your credit card and Driver's license or I.D. to fax number 405- .  
Then call 1-405-262-1010.