



BANS BAIL BONDS COMPANY  
(Herein referred to as BBBC)  
PH 703-589-5447 FAX 703-221-2527

CREDIT CARD PAYMENT AUTHORIZATION

I authorize BBBC to charge my credit account in the amount of \$.....

Amount in Words .....

in payment of Judicial Services contracted on this ..... Day of .....

Defendant's Name: .....

Bond Amount: ..... Jail: .....

Credit Card Number: .....

Expiration Date: .....

Name as appears on Card: .....

CVC Code .....

Billing Address: .....

Billing Zip Code: .....

Indemnitor's Signature: ..... Agent's Signature.....

Indemnitor's Name: ..... Agent's Name.....

Date: ..... Date: .....

NOTE: Attach a photo copy of the Credit Card (Front and Back) and Card Holder's State Issued License (ID)