

**STATEWIDE BONDING INC.**

4085 CHAIN BRIDGE ROAD SUITE #100

FAIRFAX, VIRGINIA 22030-4106

Toll Free: 1-855-805-2663

**Credit Card Authorization Form**

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Transaction for a Bond on: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Full Legal Name of Defendant

Bond Amount: \$ \_\_\_\_\_ City/County/State: \_\_\_\_\_  
City, County, State where the defendant is being held or Name of Jail and State.

Name of Card Holder: \_\_\_\_\_  
Your name as it appears on credit card.

Card Billing Address: \_\_\_\_\_ APT#.

\_\_\_\_\_ Zip \_\_\_\_\_ **BILLING ZIP CODE REQUIRED**  
CITY STATE

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

Telephone No: \_\_\_\_\_ Cell No. \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVV No: \_\_\_\_\_ 3 digit #  4 digit # 

Amount of Today's Charge: \_\_\_\_\_ Dollars. \$ \_\_\_\_\_  
Dollar Amount in Written Words. \$ Amount in Numerals.

Card Type: Visa  MC  Discover  Amex  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 or its agent for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile copy is considered as if an original.

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

**Card Holder's Signature:** \_\_\_\_\_  
(Indemnitor / Card Holder)

**Fax completed form(s) with copy of your credit card and government issued I.D. to fax number listed above. Then call the Bail Agent's Office.**