

A Way Out Bail Bonds LLC

CREDIT CARD AUTHORIZATION FORM

NAME ON CREDIT CARD	
TYPE OF CREDIT CARD	VISA MC AMERICAN EXPRESS DISCOVER
TYPE OF ACCOUNT	PERSONAL BUSINESS
COMPANY NAME IF APPLICABLE	

CREDIT CARD NUMBER	
EXPIRATION DATE / CCV CODE	
BILLING ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	

TYPE OF CHARGES	
AUTHORIZED AMOUNT	
DATE OF CHARGES	

I certify that I am the authorized holder and signer of the credit card reference above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

Signed

Date

Printed