

WeBailBond.com Credit Card Authorization Form

BAIL BONDS PAYMENT AUTHORIZATION FORM

Please fill out all of your billing information below. ALL FIELDS ARE REQUIRED.

Defendant's Name: _____

Case Number: _____

Bail Amount: _____

County: _____ City: _____ State: _____

CREDIT CARD INFORMATION

Card Type (Check One): Visa Mastercard American Express Discover

Card Number: _____ Expiration Date: _____ Verification Code: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email Address: _____

Total to be Charged: \$ _____

Signature: _____

By Signing above, I agree that I am granting this authorization out of free will, without any pressure and agree to obey the above Agreement

IMPORTANT INSTRUCTIONS:

After completing this authorization form, please email it along with a picture of your drivers' license and pictures of BOTH sides of the credit card used to info@WeBailBond.com.

After emailing required documents, please call WeBailBond.com at (888) 932-2452 and inform the bondsman that the documents have been emailed.