



1 (877) 7 BAIL NOW
FAX: (925) 484-2345
BA1845138 INS. LIC

P.O. BOX 340
PLEASANTON, CA 94566
WWW.BAYAREABAILBONDS.NET

Bay Area Bail Bonds Bail Agent Credit Card Payment Agreement

Date:

Defendant Name:

Amount of bond: \$

1. I, the undersigned cardholder, agree to pay **Bay Area Bail Bonds** \$ _____ for the bail bond on the above-named defendant.
2. I authorize _____ to obtain an approval on my credit card for the amount of \$ _____ per _____
3. I understand and agree that there will be a \$0 (zero) processing fee charged to my credit card. This processing fee will be in addition to the bail bond fee set forth above.

Name on Credit Card:

Phone Number of Cardholder:

Statement Billing Address:

City:

State:

Zip Code:

Credit Card Type:

Credit Card Number:

Credit Card Security Code:

Expiration Date:

Signature of Card Holder: _____