

KIND BAIL
612 S. 3RD ST.
LAS VEGAS, NV 89101
P. 702.450.4000
F. 702.447.7407

Credit Card Authorization

Date: _____, 20_____.

Defendant Name: _____ Amount of bond: \$ _____

I, the undersigned cardholder, agree to pay **KIND BAIL** \$ _____ for the bail bond on the above-named defendant.

I authorize, **KIND BAIL** to obtain an approval on my credit card for the amount of \$ _____.

Name on Credit Card: _____

Phone Number of Cardholder _____

Statement Billing Address _____

City: _____

State: _____

Zip Code: _____

Credit Card Type: [] Visa [] JMC [] AMEX [] Other _____

Credit Card Number _____ CVC: _____

Expiration Date Month _____ / Year _____

Signature of Card Holder: _____

I understand there are no refunds and will not dispute **KIND BAIL** on these charges to my debit/credit card.

I authorize **KIND BAIL** to charge my credit card for addition payments per the agreed upon re-payment schedule

I authorize **KIND BAIL** for reoccurring charges for the amount of \$ _____ on the following dates of:

(1st) _____ / _____ / _____ (2nd) _____ / _____ / _____ (3rd) _____ / _____ / _____ (4th) _____ / _____ / _____

(5th) _____ / _____ / _____ (6th) _____ / _____ / _____ (7th) _____ / _____ / _____ (8th) _____ / _____ / _____