



**SOUTHERN BAIL BONDS**  
**3936 S. POLK ST. #110**  
**DALLAS, TX 75224**  
**OFFICE: 214-372-2500**  
**FAX: 214-372-2510**

**CREDIT CARD AUTHORIZATION**

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I, \_\_\_\_\_ hereby authorize Southern Bail Bonds to charge my ( )  
 Visa ( ) MasterCard ( ) Discover Card for the amount of \$ \_\_\_\_\_ on or after  
 \_\_\_\_\_ (date).

Card Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Security Code/Card Identification Number (see below to locate code): \_\_\_\_\_



Driver License/ID #: \_\_\_\_\_

D.O.B. \_\_\_\_\_

D. L. Exp. Date: \_\_\_\_\_

***THIS INFORMATION IS USED SOLELY TO COLLECT ON A DEBT. ANY INFORMATION RECEIVED WILL BE USED FOR THAT PURPOSE ONLY.***

I authorize Southern Bail Bonds to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

\_\_\_\_\_  
 Print Payee's Name

\_\_\_\_\_  
 Payee's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Southern Bail Bonds Staff

\_\_\_\_\_  
 Date