

## **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 Ba	il Bonds to charge my ( )
Visa ( ) MasterCard ( ) Discover Card fo	r the amount of \$	on or after
Card Account Number:		
Expiration Date: Zip Code	;	
Security Code/Card Identification Number (see be	elow to locate code):	
VISA VISA VISA VISA VISA VISA VISA VISA	Driver License/ID #:	
	D.O.B	
	D. L. Exp. Date:	
VISA		
THIS INFORMATION IS USED SOLELY TO CE RECEIVED WILL BE USED FOR THAT PURP I authorize Southern Bail Bonds to charge the cree the terms outlined above. This payment authorization indicated above only, and is valid for one time use card and that I will not dispute the payment with recorresponds to the terms indicated in this form.	dit card indicated in this authorion is for the services describe only. I certify that I am an ar	rization form according to ed above, for the amount uthorized user of this credit
Print Payee's Name	Payee's Signature	Date
Southern Bail Bonds Staff Credit Card Authorization – 02/17 Copyright 2016 All Rights Reserved	Date	