

BILL DAVIDSON BAIL BONDS

P.O BOX 84
Gwt gnc", CA 95524
(707) 441-1800 FAX (707) 442-8799

CREDIT CARD AUTHORIZATION

I, _____ hereby authorize Bill Davidson Bail Bonds to charge my Discover, Master Card, Visa or American Express **every month until bond is paid in full.**

Account # _____

Expiration Date _____

3 Digit Number on Back of Card _____

Monthly Payment _____

For the purpose of posting bail bond(s) for the following defendant(s)

Furthermore, I agree to pay the above total amount according to the card issuer agreement.

MERCHANT AGREEMENT OF CREDIT VOUCHER

Cardholder Signature

Date

Print Name

Billing Address

Telephone #

City

Zip