

Orange County Bail Bonds  
1043 Civic Center Drive  
Santa Ana, CA 92703  
Off. 1-800-422-4540  
Fax 1-714-543-7880

**CREDIT CARD AUTHORIZATION AGREEMENT**

Name: \_\_\_\_\_

(as appears on card)

Drivers License #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Type: \_\_\_\_\_ Amount of Charge\$ \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Sec. Code: \_\_\_\_\_

Credit Card Billing Address:

\_\_\_\_\_  
\_\_\_\_\_

Defendant: \_\_\_\_\_

Bond # (s) \_\_\_\_\_

Premium Charged: \$ \_\_\_\_\_ (including fees).

Amount held as collateral: \$ \_\_\_\_\_

Total Charges: \$ \_\_\_\_\_

I, \_\_\_\_\_ authorize Orange  
County Bail Bonds to charge the above amount on my Credit Card for the  
purpose of premium for Defendant \_\_\_\_\_

On Bond/s #: \_\_\_\_\_.

I understand that this premium is FULLY EARNED by Orange County Bail  
Bonds upon the Defendants release from custody on said Bond.

I furthermore agree not to attempt to cancel or in any way void the charges  
mentioned above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_