

# JR'S

## BAIL BONDS

P.O. BOX 1569  
Garden Grove, CA 92842  
714-539-9740

### CREDIT CARD HOLDERS AUTHORIZATION

DATE: \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

BOND AMT: \$\_\_\_\_\_ PAYMENT AMT: \$\_\_\_\_\_

VISA  MASTER CARD  DISCOVER

In lieu of my credit card I \_\_\_\_\_  
Name of cardholder as shown on card

Hereby authorize JR'S BAIL BONDS to charge my credit card

\_\_\_\_\_/\_\_\_\_\_  
Credit card number                      Expiration Date                      3 Digit Code On Back

My billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_                      Cell Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

By signing below, I understand  
that my payment is final and  
not refundable.

X \_\_\_\_\_  
SIGN NAME

\_\_\_\_\_  
PRINT NAME

