



**CHULA VISTA
BAIL BONDS**

547 Third Ave
Chula Vista, CA 91910
Tel (619) 420-3030
Email: cvbailbonds@yahoo.com

CREDIT CARD AUTHORIZATION FORM

Purchaser's Name (as it appears on the card): _____

Credit Card Billing Address: _____

Home Phone: _____ Mother's Maiden Name: _____

Cell Phone: _____ Driver's License Number: _____

Circle One: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number: _____ 3 Digit Security Pin: _____

Expiration Date: _____ Bail Bond Number: _____

Charge Amount: _____ Defendant Name: _____

**I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE CARD
ISSUE AGREEMENT. I UNDERSTAND THAT THE PREMIUM FEE I AM PAYING IS
NON REFUNDABLE. ALSO, DUE TO THE NATURE OF THIS SERVICE, I WAIVE
MY RIGHT TO CHARGEBACK.**

PRINT NAME: _____ **DATE:** _____

CARDHOLDER SIGNATURE: _____