



A-HARDEN BAIL BONDING
656 SE MONTEREY ROAD - STUART, FL 34994
(772) 286-3533 - FAX: (772)283-8118

Credit Card Authorization

Date: _____

Defendant's Name: _____

Charges and Bond Amounts: _____

Jail: _____

Bond Premium:

I, _____ hereby request that A-Harden Bail Bonding charge my credit card in the amount of \$_____ (_____) for the payment of premium on the bail bond of the above named Defendant

Bond Collateral:

I also authorize the amount of \$_____ (_____) to be held as collateral.

*A merchant transaction fee of 3% will be deducted from all returned collateral. After transaction fee applied: \$ will be returned from the collateral portion after the case is adjudicated.

Credit Card Information:

Name on Card: _____

Type of Credit Card (circle one) Visa, MasterCard, American Express

Account #: _____

Expiration Date: _____

3 Digit Vin Code (4 Digit for AMEX): _____

Billing Address for Card: _____

City: _____ State: _____ Zip: _____

Phone: _____

By signing / inserting my name below, or simply returning this form by fax or email, I hereby agree to the terms and amounts referenced above and authorize A-Harden Bail Bonding to charge my credit card. I also agree that should the defendant miss a court date and the bond is estreated (forfeited) I authorize the full amonut of the bond(s) be charged to this account.

Sign Here: _____ DL or ID Number: _____

Please attach a legible photo ID on a separate page