

BAIL BONDS LV

702.438.2245

321 South Casino Center Blvd. #115 Las Vegas, Nevada 89101

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Bail Bonds LV
to charge my credit card as follows:

Visa MasterCard Amex other _____.

Credit Card #: _____

Expiration Date: _____ 3-Digit CVS Code: _____

Card Holder Name: _____

Company Name: _____

Card Holder Billing Address:

Telephone: _____

AMOUNT OF CREDIT CARD CHARGE \$ _____
for the purpose of posting Bail Bond(s) for the Defendant

furthermore, I agree to pay the above total amount
according to the card issuer agreement.
(Merchant Agreement of Card Holder)

Signature: _____

Date: _____
