

**GOLD COUNTRY BAIL BONDS
163 PLACERVILLE DRIVE
P.O. BOX 406
PLACERVILLE, CA 95667
530-622-6500**

**CREDIT CARD AUTHORIZATION,
PAYMENT GUARENTEE**

The undersigned agrees to pay/guarantee payment to GOLD COUNTRY BAIL BONDS, and authorizes its employee's, representatives, or assigns to charge all applicable fees due.

DEFENDANT NAME: _____ DATE: _____

BOND # _____

AMT. OF DEF. BAIL \$ _____ BOND PREMIUM CHARGED \$ _____

AMOUNT PAID DOWN \$ _____ BALANCE DUE \$ _____

AGREEMENT

The AUTHORIZATION / PAYMENT GUARENTEE information below shall be held on file in strict confidence. The credit card may be checked for validity before issuance of the bail bond(s). This authorization will remain in full force and effect until the bail bond premium obligation referred to herein is paid in full, unless credit card information needs to be modified (in writing).

The undersigned agrees that GOLD COUNTRY BAIL BONDS may pursue all means possible to collect on obligations owed. The undersigned further agrees to authorize GOLD COUNTRY BAIL BONDS to submit credit card charges using the credit card listed below to recover all payment due and all other unpaid amounts for the payment of bail bond(s) premium.

PLEASE PRINT CLEARLY
CARD TYPE: MC ___ VISA ___ AMEX. ___ DISC ___

CREDIT CARD NUMBER: _____

SECURITY CODE: _____ (3 digit code on back of card) EXPIRATION DATE: MO: _____ YEAR: _____

NAME ON CREDIT CARD: _____

BILLING STREET ADDRESS: _____

BILLING CITY: _____ STATE: _____ BILLING ZIP CODE: _____

PHONE NUMBER: _____ - _____ E-MAIL ADDRESS: _____

I hereby declare that I am the holder of the above credit card and authorize its use to pay fees for GOLD COUNTRY BAIL BONDS.

CLIENT'S SIGNATURE _____ PRINT _____ Date: _____

CARDHOLDER'S SIGNATURE: _____ PRINT _____ Date: _____

If this authorization is to be returned by FAX, please fax back to 530-622-6520