



Credit Card Authorization Form

On this day of _____ (Today's Date),

I _____ (Your Name) authorize DDL Bail

Bonding or any agents or members of DDL Bail Bonding to charge my credit card in the

amount of \$ _____ , for bail bonding services contracted for the

Defendant _____ .

Please be advised that there will be no refunds once the BOND IS POSTED for the Defendant mentioned above. In addition no funds/money will be refunded if the Defendant does not get released for other reasons NOT pertained to the services provided by Ace Bail Bonding.

Cardholder's signature: _____

Account Number: _____

(You may list only the last four digits of your credit card)

Expiration date: _____

CVV Code (3 to 4 digit code on back of card): _____

Billing Address: _____

City _____ State _____ Zip _____

Card holder's telephone number associated with this account: _____

Cardholder e-mail address: _____