



**ST. LUCIE  
COUNTY  
BAIL BONDS**

**CREDIT CARD AUTHORIZATION**

Date: \_\_\_\_\_

NAME: (AS IT APPEARS ON THE CARD) \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AREA CODE AND PHONE NUMBER: \_\_\_\_\_

PLEASE CIRCLE ONE: VISA    MASTER CARD    AMEX    DISCOVER

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVN: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

I HEREBY AUTHORIZE ST LUCIE COUNTY BAIL BONDS TO CHARGE MY CREDIT CARD FOR SERVICES RENDERED:

PREMIUM AMOUNT : \_\_\_\_\_ ( WITH NUMBERS)

COLLATERAL AMOUNT: \_\_\_\_\_ (WITH NUMBERS & IN WRITING) (I  
UNDERSTAND THAT 3.5% WILL BE DEDUCTED FROM THE COLLATERAL AMOUNT FOR CREDIT CARD SERVICES RENDERED)

IF IN A PAYMENT PLAN: \_\_\_\_\_

AUTOMATIC CREDIT CARD CHARGE PER BILLING CYCLE: \_\_\_\_\_

PLEASE FAX BACK TO (772)465-8104 WITH A COPY OF BOTH YOUR CREDIT CARD AND DRIVER'S LICENSE

\_\_\_\_\_

CREDIT CARD HOLDER'S SIGNATURE

THANK YOU FOR DOING BUSINESS WITH US