



Break Out Bail Bonds
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CREDIT CARD PAYMENT AGREEMENT

APPROVAL CODE: _____

DATE : _____, 20__.

DEFENDANT NAME: _____ AMOUNT OF BOND: \$ _____

1. I, THE UNDERSIGNED CARDHOLDER, AGREE TO PAY (**Break Out Bail Bonds**) \$ _____ FOR THE BAIL BOND ON THE ABOVE NAMED DEFENDANT
2. I AUTHORIZE ((**Break Out Bail Bonds**)) TO OBTAIN AN APPROVAL ON MY CREDIT CARD FOR THE AMOUNT OF \$ _____ FOR THE RELEASE OF _____.
3. I UNDERSTAND AND AGREE THAT THERE WILL BE A \$ _____ PROCESSING FEE CHARGED TO MY CREDIT CARD. THIS PROCESSING FEE WILL BE IN ADDITION TO THE BAIL BOND FEE SET FORTH ABOVE.

NAME ON THE CREDIT CARD: _____

PHONE NUMBER OF CARDHOLDER: _____

STATEMENT BILLING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____ CVV2: _____

EXPIRATION DATE: _____

SIGNATURE OF CARD HOLDER: _____