



1403 9<sup>th</sup> Ave N  
Nashville, TN 37208  
Fax: 615.246.3951  
Email: 1ststopbonding@gmail.com

## Credit/Debit Card Authorization Form

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

Bond Amount: \$ \_\_\_\_\_ Client/Defendant: \_\_\_\_\_ Client DOB: \_\_\_\_\_

City/County/State or Name of Jail/Facility and State: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Alt Phone#: \_\_\_\_\_

Email address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Amount of Today's Charge (Written): \_\_\_\_\_ Dollars

Amount of Today's Charge (Numbers): \$ \_\_\_\_\_ Card Type (Visa/MC/Discover/Amex/Other): \_\_\_\_\_

***I hereby authorize the credit card charge as indicated.***

***By signing this credit card authorization form, I am also granting permission to charge the card and the use of signature on file for any additional charges that may arise pertaining to the obligation as an indemnitor for this \$ \_\_\_\_\_ bail bond(s). I accept and agree to all of the bond terms and financial obligations as stated in the bail bond indemnity agreement and acknowledge that they are part of this authorization form for future charges. I agree to indemnify and hold harmless the surety or its agent for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile copy is considered binding as original.***

***I understand that there is a 4% processing fee to be charged in addition to my payment amount.***

***I have read and agree to the terms as stated above.***

Card Holder Signature: \_\_\_\_\_

Fax or email completed form(s) with a copy of the credit card and government issued ID to 615.246.3951 or email to [1ststopbonding@gmail.com](mailto:1ststopbonding@gmail.com). Call 1<sup>st</sup> Stop Bonding at 615.596.5900 or your Bond Agent to confirm receipt of form and documents.