

# CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_ authorize A-Advanced Bail Bonds, Inc. To charge my credit card: Mastercard/Visa/Other account number \_\_\_\_\_, Expiration Date \_\_\_\_/\_\_\_\_, 3 digit code on back \_\_\_\_\_ the amount of \$ \_\_\_\_\_. \_\_\_\_\_ ( \_\_\_\_\_ dollars and \_\_\_\_\_ cents) with the **Billing Address** for card of \_\_\_\_\_ for the release of \_\_\_\_\_ Street Number, Street Name, City, State and Zip Code \_\_\_\_\_ from the \_\_\_\_\_ county jail, in \_\_\_\_\_, Missouri.

I attest and certify that the above information is true and correct. I further understand that any information that is incorrect is grounds for bond revocation and that I will be prosecuted to the fullest extent of the law for any misrepresentations contained in the information that I have given. I further understand and agree that any electronic reproduction of this information sheet and agreement is as the original.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name