

SOUTH SHORE BAIL BONDS

P.O. Box 13312
987 Edgewood Circle
South Lake Tahoe, Ca. 95651
530-577-8000 Office
530-542-1124 Fax

Official Use Only:

Defendant: _____

Bond #'s: _____

AUTHORIZATION TO CHARGE CREDIT CARD FOR THE PAYMENT OF A BAIL BOND PREMIUM, INSTALLMENT OF PAYMENT OF BAIL BOND PREMIUM

The undersigned, having made application for a surety or bail bond(s), to be issued by SOUTH SHORE BAIL BONDS, a California insurance licensed bail agent. The undersigned authorizes SOUTH SHORE BAIL BONDS, its employees, agents or representatives to charge the bail bond premium in the sum of:

_____ U.S.Dollars

\$ _____

The authorization information below shall be held on file in strict confidence. The credit card may be checked for validity before issuance of the bail bond(s). The card number below may be used to pay the premium when it becomes due until this authorization is cancelled in writing by the undersigned, provided, however, as long as the bail bond obligation / premium due, undertaken by SOUTH SHORE BAIL BONDS is in force, this authorization will remain in full force and effect until such time as the bail bond premium obligation referred to herein is paid in full.

The undersigned agrees that SOUTH SHORE BAIL BONDS may pursue all means possible to collect on obligations owed to SOUTH SHORE BAIL BONDS. The undersigned further agrees to authorize SOUTH SHORE BAIL BONDS to submit credit card charges using the credit card listed below to recover all payments due and all other unpaid amounts for the payment of premiums.

- PRINT CLEARLY -

Card Type: _____ MasterCard® _____ Visa® _____ Amex® _____ Discover®

Security Code: _____

Name on Card: _____

Card Number: _____ Expiration: _____

Billing Address: _____

Billing City: _____ State: _____ Zip: _____

I hereby declare that I am the holder of the above credit card and authorize its use to pay premium(s) for Bail Bonds provided by SOUTH SHORE BAIL BONDS.

CARDHOLDER'S SIGNATURE: _____ **DATE:** _____

If this authorization is to be returned by FAX, please fax back to 530-542-1124