

IRREVOCABLE AUTHORIZATION OF CREDIT CARD/ CHECK PAYMENT

I, _____ AUTHORIZE USE OF THE LISTED CREDIT CARD/CHECK FOR PURPOSE OF GUARANTEEING ALL BOND PAYMENTS TO ALL FLORIDA BAIL BONDS INC.{AFBB} FOR DEFENDANT/PRINCIPAL, _____ .
FURTHERMORE, I UNDERSTAND THAT IF SAID CREDIT CARD/CHECK DOES NOT CLEAR, I WILL BE RESPONSIBLE FOR ANY/ALL FEES INCURRED BY BONDSMAN IN CASES OF FALSE ALLEGATIONS OF CHARGES, DISPUTES OR CANCELLATION OF CHECK OR CARD INCLUDING, BUT NOT LIMITED TO, ANY FEES INCURRED BY MY BANK, COLLECTIONS AGENCY, ATTORNEY ETC., FOR PURPOSES OF COLLECTING ALL DUE LOSSES .

BOND LIABILITY \$ _____ {RETURNABLE UPON DISCHARGE OF BOND}
BOND PREMIUM \$ _____ {NON REFUNDABLE FEE}
18% PENALTY \$ _____ {IN CASE OF BOND FORFEITURE OR SUIT}

NAME ON CC _____
CREDIT CARD# _____
EXP _____ CCV# _____ BILLING ZIP _____

CHECK# _____ AMOUNT \$ _____ BANK _____
RTG# _____ ACCT# _____
NAME ON ACCT _____

{BY DEFRAUDING THIS AFFIDAVIT, YOU ARE SUBJECT TO CIVIL & CRIMINAL PROSECUTION AND/OR COLLECTION ACTIVITY}
MY SIGNATURE BELOW ACKNOWLEDGES MY FULL UNDERSTANDING OF THIS DOCUMENT

X _____
INDEMNITOR

X _____
INDEMNITOR

NOTARY USE ONLY

STATE OF _____, COUNTY OF _____ ON THIS DAY BEFORE ME, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENTS, _____ PERSONALLY APPEARED AND EXECUTED THIS FOREGOING INSTRUMENT AND DOES ACKNOWLEDGE UNDER OATH THEY ARE COMPETENT AND ABLE TO EXECUTE THIS INSTRUMENT. PRODUCING PICTURE ID DESCRIBED AS _____ WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND STATE LAST AFORESAID THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC