

CONCHO BAIL BONDS

CREDIT CARD AUTHORIZATION FORM

I, _____, as the CARD HOLDER OR AUTHORIZED
(PLEASE PRINT NAME)

SIGNOR ON ACCOUNT hereby authorize CONCHO BAIL BONDS to charge on my credit card in the amount of _____ Dollars (\$_____.____)

to my VISA MC AMEX DISC

Credit Card Number _____ - _____ - _____ - _____

Expiration Date of ____/____.

Credit Card Billing Address: (REQUIRED)

Add: _____

City: _____

State: _____

Zip: _____

Phone: (____) _____ - _____

I have read and understand the above Credit Card Authorization and agree to the terms set Forth herein. Under a penalty of law, the above information is correct and I am an authorized signer on the above credit card account.

Signed and dated this _____ day of _____ 20____.

X _____

SIGNATURE OF AUTHORIZED SIGNOR ON ACCOUNT

AFTER SIGNING
FAXTO (325) 655-7308