



Freedom Fighters Bail Bonds Credit Card Payment Agreement

Date: _____, 20__.

Defendant Name: _____ Amount of bond: \$_____

1. I, the undersigned cardholder, agree to pay Freedom Fighters Bail Bonds \$_____ for the bail bond on the above-named defendant.
2. I authorize Freedom Fighters Bail Bonds to obtain an approval on my credit card for the amount of \$_____ per _____.
3. I understand and agree that there will be a \$_____ processing fee charged to my credit card. This processing fee will be in addition to the bail bond fee set forth above.

Name on Credit Card: _____

Phone Number of Cardholder: _____

Statement Billing Address: _____

City: _____

State: _____

Zip Code: _____

Credit Card Type: _____

Credit Card Number: _____ Credit Card Security Code: _____

Expiration Date: _____

Signature of Card Holder: _____