

Abierto 24/7 Bail Bonds Credit Card Authorization
To be returned by fax (909) 882-1849

Date: _____

I _____ hereby authorize Abierto 24/7 Bail Bonds to apply the amount
of \$ _____ to my credit card.

Defendants Name/s : _____

Credit Card Number: _____

Expiration Date: _____

Total amount to be charged: \$ _____

Card Holder Name: _____

Card Holder Signature: _____