

**Georgia Bail Bonds, LLC.**  
**1031 Franklin Street**  
**Darien, Georgia 31305**  
**Office: 912-437-6817**  
**Fax: 912-437-6798**  
Email: [Info@GeorgiaBailBondsLLC.com](mailto:Info@GeorgiaBailBondsLLC.com)

### **Credit Card Authorization Form**

Sign and complete this Authorization form to Authorize Georgia Bail Bonds, LLC. For a payment to be processed for a bail bond for the person that is in jail needing bond or an established client.

Name: \_\_\_\_\_

Please fax or email this completed form to the above contact information.

### **Credit Card Information**

Amount to Charge: \_\_\_\_\_

- Visa
- MasterCard
- Discover
- American Express
- Other \_\_\_\_\_

Credit Card # : \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVC: \_\_\_\_\_

Billing address of card holder: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize Georgia Bail Bonds, LLC. To charge the credit card indicated in this authorization form for the purpose of posting a bail bond. This authorization is for the services described above, for the amount indicated above only. This is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute this payment with my credit card company; so long as the transaction corresponds for the purpose of posting this bail bond.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_