



CREDIT CARD AUTHORIZATION

AGENT: _____ DATE: _____

CARD HOLDER INFORMATION:

LAST NAME: _____ FIRST NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NO.: _____ IDENTIFICATION NO.: _____
CREDIT CARD NO.: _____ EXPIRATION: _____
CID: _____ (THESE ARE THE THREE DIGITS LOCATED IN BACK OF THE CARD)

DEFENDANT INFORMATION:

LAST NAME: _____ FIRST NAME: _____
JAIL LOCATION: _____ BOND AMOUNT: \$ _____

CHARGES / FEES(S)

PREMIUM: \$ _____
MISC. FEES: \$ _____
COLLATERAL: \$ _____
TOTAL: \$ _____

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS "TOTAL" UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH "TOTAL" (TOGETHER WITH ANY OTHER CHARGES DUE THERE ON) SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT GOVERNING THE USE OF SUCH CARD.

SIGNATURE: _____
PRINT NAME: _____

AUTHORIZATION CODE: _____

Sunshine State Bail Bonds' Credit Card Fees

The following fee of **3.5%** will be imposed on all collateral taken on credit cards (rates subject to change) as stated in Florida Statutes **648.571 3(b)**.