VIA-TELEPHONE CREDIT CARD ASSIST VOUCHER
FOR BAIL BONDING AGENCIES

DRIVER'S LICENSE	CREDIT CARD

AGENT:_____ DATE:_____

CARD TYPE:_____ CARD HOLDER:_____

D.O.B._____ SSN #_____

CARD HOLDER ADDRESS:_____

CARD #:_____ EXP. DATE:_____

AUTHORIZATION NUMBER: _____

DEFENDANT:_____

BOND NUMBERS:_____

CHARGES

PREMIUM:_____ COLLATERAL:_____

MISC. FEES:_____ TOTAL Charged: _____

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 thereon) subject to and in accordance with the agreement governing the use of such card.

SIGNATURE: x_____

This must be a copy of Credit Card and Identification attached to this form.