

H&H BAIL BOND COMPANY, INC.

524 Ouachita Suite1
Hot Springs, AR. 71901
501.321.1911

Fax Number: 501.623.7301

email: hhbailbond@gmail.com

H&H Bail Bond Co., Inc. Credit Card Authorization Form

Date _____

Name on Credit Card _____

Billing Address of Credit Card _____

Card Type:

___ Visa ___ MasterCard ___ Discover ___ American Express

Card Number _____

Expiration Date _____ CVS Code _____

Initial transaction in the amount of _____

I certify I am an authorized user of the above card, and authorize H&H Bail Bond Co., Inc. to keep this card on file in case of forfeiture of bond for immediate payment and future premium payments.

SIGNATURE _____

For office information below:

Defendant Name _____ Power Number _____

PAY SCHEDULE AGREEMENT:

Owner of the credit card furthers agrees to allow H&H Bail Bond Co., Inc., to charge the amount of \$ _____ to the credit card on a monthly basis until the balance of the premium is paid in full. The charge will occur on the _____ day of the month until the balance of \$ _____ is payed in full to H&H Bail Bond Company, Inc.

SIGNATURE

DATE