

**CREDIT CARD AUTHORIZATION FORM**

**STATE OF - FLORIDA**  
**COUNTY OF - MIAMI DADE**

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

Defendant Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Credit / Debit Card Type: Amex – Visa – MasterCard – Discover.

Credit / Debit Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

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**AFFIDAVIT**

I, \_\_\_\_\_ (SSN \_\_\_\_\_) do hereby swear and affirm of the following;

1. I, \_\_\_\_\_ have authorized Fireline Bail Bonds, Inc. to charge my credit/debit card as described above.
2. I agree to indemnify and hold harmless the surety and/or its agents for all loses in connection with this bond.
3. I as the above mentioned cardholder, authorize future charges on my credit card if a forfeiture occurs.
4. I will pay the full amount of any and all expenses incurred on behalf of the defendant including but not limited to courts cost, attorney fees, investigation fees, costs of transportation, etc.
5. I voluntarily, knowingly and intelligently have signed this agreement fully aware that any payment made in satisfaction of a bail bond is not refundable or subject to charge back.

\_\_\_\_\_

Cardholder Name

Cardholder Signature

SWORN AND SUBSCRIBED BEFORE ME this \_\_\_\_\_ of \_\_\_\_\_, 2013 by \_\_\_\_\_,

who produced D/L # \_\_\_\_\_ as Identification.

My Commission Expires:

\_\_\_\_\_

NOTARY PUBLIC