

EP Credit Card Authorization Form

Instructions

1. Fully complete this form by printing legibly with a dark pen. All of this information is required to complete your transaction, by phone.
2. You must:
 - Include a copy of the credit card holders a valid ID
 - Sign the form where indicated
 - Leave "blue Squares" empty. We will fill those in later.
3. Please return this form to:
 - Fax- (850) 364-0301
 - Email- ericp@eparkerbailbonds.com

Please be advised that improper or fraudulent use of a credit card is a criminal offense. E Parker Bail Bonds will fully prosecute any attempts to defraud our company. A full credit card policy is available upon request.

Credit Card Information

I, _____, hereby authorize E Parker Bail Bonds to charge my credit card in the amount of \$ _____ for the bond on _____.

Type of Card: Visa Master Card Discover



Credit Card Number:

- - -

Exp Date:

-

CVC/SSID

Credit Card Billing Info

Street: _____

City: _____ State: _____ Zip: _____

Phone #: () _____ Email: _____

Signature of Card Holder: X _____