

EZ Bail Bonds of NJ, LLC

NJ DOBI Lic # 1286431

Credit Card Authorization Form

I, _____, do hereby authorize EZ Bail Bonds of NJ authorization to charge my credit card ending in _____ the sum of \$_____.

____ Visa ____ Mastercard ____ Discover ____ American Express

Name on Card: _____

Credit Card#: _____

Exp Date: _____ Sec Code: _____

Billing Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____. Email: _____

Bail Client: _____

Cardholder Signature

Date

Recurring Payment Authorization (if applicable)

I authorize EZ Bail Bonds of NJ to bill the card listed above as specified:

Total to be billed: _____

Recurring amount: _____ Frequency: _____

Start Date: _____ End Date: _____

Specific Dates and Amounts:

(1) Date: _____ Amount: _____ (5) Date: _____ Amount: _____

(2) Date: _____ Amount: _____ (6) Date: _____ Amount: _____

(3) Date: _____ Amount: _____ (7) Date: _____ Amount: _____

(4) Date: _____ Amount: _____ (8) Date: _____ Amount: _____

Cardholder Signature

Date