

Bobby Davis Bail Bonds
511 E. Weatherford St.
Fort Worth, Texas 76102
(5 Blocks from Tarrant County Jail & Courts)
(817) 332-3005 PH
(817) 820-0550 FAX

Bobby Davis Bail Bonds
1701 Commerce Drive
Mansfield, TX 76063
(Next to Mansfield City Jail)
(817) 473-2226 PH
(817) 453-3555 FAX

**AUTHORIZATION TO CHARGE CREDIT CARD FOR THE
PAYMENT OF
BOND PREMIUM OR RENEWAL THEREOF**

The undersigned, having made application for a surety, or bail bond(s) to be issued by Bobby Davis Bail Bonds, or any renewals of such bond(s), hereby authorizes Bobby Davis Bail Bonds, its employees, agents or representatives to charge such premium not to exceed the sum of \$_____. As may be applicable for the issuance of said bond(s) to the credit card account more fully described below.

The authorization information below will be held on file in confidence. The credit card may be checked for validity before issuance of the bond(s). The card number below may be used to pay the premium when it becomes due until this authorization is cancelled in writing by the undersigned, provided, however, if the bond obligation undertaken by Bobby Davis Bail Bonds is non-cancelable, this authorization will remain in full force and effect until such time as the bond obligation referred to herein is fully exonerated and discharged.

Applicant agrees that Bobby Davis Bail Bonds may pursue all avenues of collection, including use of collection agencies, and authorizes the Surety to submit credit card charges using the charge card listed below to recover all payments due and all other unpaid amounts for payment of premiums.

Card Type: Visa___Master Card___American Express___Discover___

Card Number:_____ **Expiration Date:** _____

CCV Number:_____ **Billing Address:** _____

Name on Card:_____

I hereby declare that I am the holder of the above credit card, or have been authorized by the holder of said credit cards, to use it to pay premium(s) provided by Bobby Davis Bail Bonds. I also understand that this credit card may be charged for any future invoice renewal premiums that may become due and payable.

Cardholder Signature:_____ **Date:**_____