

STATEWIDE BAIL BONDS LLC.CREDIT CARD RECEIPT

PHONE (860) 440-6039 FAX (860) 447-2809

WWW.STATEWIDEBAILBONDS.COM

BOND INFORMATION

DATE ____/____/____ BOND AMOUNT _____ LOCATION OF BOND _____

DEFENDANT NAME _____ DATE OF BIRTH _____

ADDITIONAL INFORMATION _____

CARD HOLDER INFORMATION

NAME _____ BILLING ADDRESS _____

CITY, STATE, ZIP _____ STATE ISSUED ID # _____

PHONE (best # for contact) _____ SECOND PHONE # _____

CREDIT CARD INFORMATION

CREDIT CARD # _____ EXPERATION DATE _____

CVV CODE _____

CHARGES

BAIL BOND PREMIUM CHARGED \$ _____ CREDIT CARD CHARGE (2%) \$ _____

GRAND TOTAL CHARGED TO CREDIT CARD \$ _____

SIGNATURE

I HEREBY AUTHORIZE STATEWIDE BAIL BONDS LLC TO CHARGE MY CREDIT CARD WITH THE ABOVE CHARGES.

CARDHOLDER SIGNATURE _____

THE ABOVE SIGNED HEREBY ACKNOWLEDGES THE ABOVE CHARGES ARE CORRECT.

Questions about your credit card charge ? Call our Credit Department (860) 440-6039
PLEASE READ AND UNDERSTAND THIS CONTRACT BEFORE SIGNING THIS DOCUMENT