



3305 Durham Drive, Suite. 101° , Raleigh, NC 27603
Contact #(919) 337-2862 – Fax (800) 886-3013
www.acebailbonding.com

Credit Card Authorization Form

On this day of _____, I _____, authorize Ace Bail Bonding or any agents or members of Ace Bail Bonding to charge my credit card in the amount of \$ _____, for bail bonding services contracted for the Defendant _____.

Please be advised that there will be no refunds once the BOND IS POSTED for the Defendant mentioned above. In addition no funds/money will be refunded if the Defendant does not get released for other reasons NOT pertained to the services provided by Ace Bail Bonding.

Cardholder's signature: _____

Account Number * (You may list only the last four digits of your credit card): _____
_____.

Expiration date: _____

CVV Code (3 to 4 digit code on back of card): _____

Billing Address: _____

City _____ **State** _____ **Zip** _____

Card holder's telephone number associated with this account: _____

Cardholder e-mail address: _____