

Defendant _____
Bond #(s) _____

Max Cherry Bail Bonds
CREDIT CARD AUTHORIZATION FORM

I _____ having made application for a bail bond for the defendant _____ authorize *Max Cherry Bail Bonds* to charge my credit card either by fax, in person, or by an over the phone transaction in the amount of _____ U.S. dollars \$ _____ for the cost of bail premium. The credit card may be checked for validity before issuance of the bail bond(s). Information provided below shall be held on file in strict confidence by *Max Cherry Bail Bonds*.

Card Type:	VISA _____	MasterCard _____	AMEX _____	Discover _____
Name of credit card holder _____				
Card Number _____			Exp. Date _____	
Security Code _____		Phone Number _____		
Billing Address _____				
City _____		State _____	Zip Code _____	
Signature of Cardholder _____			Date _____	

Fax (916) 273-7559
Phone (916) 669-8597
Mailing Address:
1017 L Street, #131
Sacramento, Ca 95814