



1129 N Riverfront Blvd • Dallas, TX 75207  
Main Line: (214) 747-4110 | Fax: (214) 747-4113

### CREDIT CARD AUTHORIZATION FORM

I \_\_\_\_\_ do hereby authorize Doc's Bail Bonds to withdraw from my credit card the full amount listed below.

**Total Amount to be Charged:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Type of Credit Card:**  Visa  MasterCard  Discover  American Express

**Credit Card #:** \_\_\_\_\_ **Exp Date** \_\_\_\_\_ **CVV** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Driver Lic.:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Relationship to Defendant:** \_\_\_\_\_

### DEFENDANT

**Name:** \_\_\_\_\_ **Jail:** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Charges:**

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Doc's Bail Bonds Agent