

Parrish Bail Bonds
7315 NW 36 Street
Miami, Florida 33166
Ph: (305)325-9889
Fax: (305)324-9740

CREDIT CARD AUTHORIZATION

Today's Date: _____ Card Type: _____
Card Holder: _____
Credit Card #: _____ Exp: _____
CVV#: _____ (last 3 digits on the back of the card) or (front 4 on Amex)
Billing Address: _____ Zip: _____
Telephone #: _____
Charge Amount: _____ Dollars: \$ _____

I hereby authorize the charging(s) of my credit card as indicated.

I authorize **DONDEE BAIL BONDS** to charge my credit/debit card the above mentioned amount. This charge is for payment towards Premium/Collateral/Forfeiture/Recording Fees/Other (circle one) for the bond posted on behalf of _____ (defendant). I agree to indemnify and hold harmless the surety or its agent(s) for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile copy is considered as if an original.

Note: Charges are subject to a processing fee of 3% that will be subtracted from any refund or returns owed, an additional \$100.00 application/posting fee may be applied for any cancellation. Premium is fully earned upon the posting of the bond(s) with the jail or court.

I HAVE READ AND AGREED TO ALL OF THE ABOVE

CARD HOLDER'S SIGNATURE

Fax completed form(s) with copy of your credit card and government issued I.D. to 305-324-9740.

Internal Office Use:

Defendant: _____
Purpose of Charge: _____
Approval Code: _____
JAIL #: _____
D.O.B: _____
AGENT: _____