

Action Bail Bonds, Llc  
101 S. Ray Street  
Carthage, NC 28327  
Phone (910)947-3729  
Fax (910)947-3488

**CREDIT OR DEBIT CARD AUTHORIZATION FORM**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Action Bail Bonds to process a transaction using my credit or debit card, upon breach of the terms of the attached contract, including but not limited to, the receipt of a notice of intent to forfeit surety bail bond(s) executed on behalf of \_\_\_\_\_, defendant in the total amount of \_\_\_\_\_ dollars (\$ \_\_\_\_\_).

VISA      MASTERCARD      DISCOVER      (CIRCLE ONE)

Name as it appears on the card: \_\_\_\_\_

Billing address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Credit or Debit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V Code: \_\_\_\_\_

Amount to be Charged: \$ \_\_\_\_\_ +4% \$ \_\_\_\_\_ =\$ \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**THIS AUTHORIZATION FORM WILL ONLY BE USED FOR THE ABOVE LISTED STATEMENT AND/OR UPON THE LISTED STATEMENT OCCURING.**

**A PHOTOCOPY OF THE FRONT AND BACK OF YOUR DRIVERS LICENSE MUST BE ATTACHED.**

**A PHOTOCOPY OF THE FRONT AND BACK OF YOUR CREDIT OR DEBIT CARD MUST BE ATTACHED.**

**A DETAILED STATEMENT OF THE CHARGES FOR THIS AUTHORIZED TRANSACTION WILL BE PROVIDED UPON WRITTEN REQUEST.**

**AUTHORIZED TRANSACTION AMOUNT SHALL NOT EXCEED THE AMOUNT OF THE BOND(S) POSTED, PLUS FEES AS LISTED IN THE "FEE SCHEDULE," UPON RECEIPT OF A NOTICE OF INTENT TO FORFEIT SURETY BAIL BONDS FROM THE COURT.**