

# Lawyers Trust Bail Bonds llc, Bail Agent Credit Card Payment Agreement

Date: \_\_\_\_\_, 20\_\_.

Defendant Name: \_\_\_\_\_ Amount of bond: \$\_\_\_\_\_

1. I, the undersigned cardholder, agree to pay Lawyers Trust Bail Bonds llc \$\_\_\_\_\_ for the bail bond on the above-named defendant.
2. I authorize Lawyers Trust Bail Bonds llc to obtain an approval on my credit card for the amount of \$\_\_\_\_\_ per \_\_\_\_\_.
3. I understand and agree that there will be an additional 3% processing fee charged to my credit card. This processing fee will be in addition to the bail bond fee set forth above.

Name on Credit Card: \_\_\_\_\_

Phone Number of Cardholder: \_\_\_\_\_

Statement Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Credit Card Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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