

Bail Bonds by Camille

403 N Sylvania Ave #2, Fort Worth, TX 76111

817-335-4226 Fax: 817-831-2125

Credit Card Authorization instructions: Fill out form completely. Fax the signed form to the above fax number.

To Whom it May Concer:

I, _____, do authorize BAIL BONDS BY CAMILLE to charge
(credit card holder)

my _____ credit card. Card#: _____
(type of credit card)

Expiration date: _____ / _____ VIN # _____ for the fee payment of \$ _____

on behalf of _____, my _____
(Name of person on bond) (client's relationship to card holder)

Today's date: _____

Card holder's signature: _____

Card Holder's printed name: _____

Card Holder's mailing/billing address: _____

City, State and Zip Code: _____

Home/cell number: (_____) _____

Work number: (_____) _____