

A ROYAL FLUSH BAIL BONDS

1206 South Main Street • Las Vegas, Nevada 89104

702-478-1500 / Fax 702-405-6284

CREDIT CARD AUTHORIZATION FORM

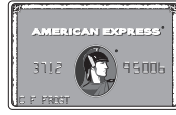
I, _____, hereby authorize
A ROYAL FLUSH BAIL BONDS
to charge my credit card as follows:



VISA



MasterCard



American Express



DISCOVER

Credit Card #: _____

Expiration Date: _____ 3-Digit CVS Code: _____

Card Holder Name: _____

Company Name: _____

Card Holder Billing Address:

Telephone: _____

AMOUNT OF CREDIT CARD CHARGE \$ _____
for the purpose of posting Bail Bond(s) for the Defendant

furthermore, I agree to pay the above total amount
according to the card issuer agreement.
(Merchant Agreement of Credit Voucher)

Card Holder
Signature: _____

Date: _____