

Bail Bonds Agency:

Tel# _____ Fax# _____

FAX CREDIT CARD AUTHORIZATION FORM

Today's Date: _____ / _____ / _____
Month Day Year

Transaction for a Bond on: _____ Date of Birth _____
Full Legal Name of Defendant

Bond Amount: \$ _____ City/County/State: _____
City, County, State where the defendant is being held or Name of Jail and State.

Name of Card Holder: _____
Your name as it appears on credit card.

Card Billing Address: _____
_____ Zip _____ **BILLING ZIP CODE REQUIRED**

Email Address: _____

Telephone No: _____ Cell No. _____

Credit Card No: _____

Expiration Date: _____ / _____ CVV No: _____ 3 digit #   4 digit # 

Amount of Today's Charge: _____ Dollars. \$ _____
Dollar Amount in Written Words. \$ Amount in Numerals.

Card Type: Visa ___ MC ___ Discover ___ Amex ___ Other _____

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

By signing this credit card authorization form you are also granting us permission to charge your card and the use of your signature on file for any additional charges that may arise in the future pertaining to your obligation/s as an indemnitor for this \$ _____ bail bond(s). The undersigned accepts and agrees to all of the bond terms and financial obligations as stated in the bail bond indemnity agreement and acknowledges that they are a part of this credit card authorization form for future charges. I agree to indemnify and hold harmless the surety or its agent 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 \$150.00 application/posting processing 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 AGREE TO ALL OF THE ABOVE.

Card Holder's Signature: _____

Indemnitor / Card Holder :

Fax completed form(s) with copy of your credit card and a government issued I.D. to fax number listed above. Then call the Bail Agent's Office.

For Office Use Only: Below section to be completed by card merchant agent:

Auth. #: _____ Agent: _____ SNCC / NRIC / IFIC / AMCC / RSCC / FCS / _____
Approval# and/or Invoice# Initials Date / Time Surety Circle One Surety Agent / Liable %

BAIL BOND INDEMNITY AGREEMENT

RELATIONSHIP _____ YEARS KNOWN _____ E-MAIL _____
YOUR NAME _____ DOB _____ www.myspace.com/ _____
ADDRESS _____ APT# _____
CITY _____ STATE _____ ZIP _____ Own Rent Landlord Tel. _____
HOME PHONE _____ WORK # _____ CELL # _____
OCCUPATION _____ EMPLOYED BY _____
EMPLOYERS ADDRESS _____ CITY _____ STATE _____ ZIP _____
SS# _____ DRIVERS LICENSE # _____ STATE _____
NAME OF SPOUSE _____ DRIVERS LICENSE # _____ SS# _____
SPOUSES' EMPLOYER _____ ADDRESS _____ WORK # _____
REFERENCE _____ ADDRESS _____ TEL # _____

WHEREAS, Financial Casualty & Surety Company, a Texas Corporation (hereinafter called the SURETY) at the request of the undersigned, and upon the security Hereof, has, or is about to become SURETY on an appearance bond for _____ In the sum of \$ _____ Dollars by its certain bond or undertaking, a copy of which is attached hereto and made a part hereof:

NOW THEREFORE, in consideration of the premises and the sum of one dollar in hand paid, receipt whereof by each of us is hereby acknowledged, the undersigned do/does hereby undertake, agree and bind themselves, their representatives, successors and assigns, as follows:

1. That the undersigned will have the aforesaid _____ forthcoming before the court named in said bond, attached hereto, at the time therein fixed, and from day to day and term to term thereafter, as may be ordered by the said court.
2. That the undersigned will at all times indemnify and save SURETY or its Agent, harmless from and against every and all claims, demands, liability, cost, charge, counsel fee, expense, suit order, judgment or adjudication whatsoever which the said SURETY or its Agent shall or may for any cause at any time sustain or incur by reason or in consequence of the said SURETY having executed said bond or undertaking, will upon demand, place the said SURETY or its Agent in funds to meet every claim, demand, liability, cost, interest, charge, counsel fee including bankruptcy attorney fee, expense, collection fee, investigative fee, apprehension, transport, surrender fee, suit order, judgment, or adjudication against it, by reason of such Suretyship, and before it or its Agent shall be required to pay the same.
3. The condition of said Indemnity Agreement provides that as long as there is any liability or loss of any nature whatsoever to the SURETY upon the bond referred to herein, the undersigned will not make any transfer, or any attempted transfer of any of the property, real or personal given as security, or any property which the undersigned owns or may subsequently acquire or any interest therein, and it is further agreed that the SURETY or its Agent shall have a lien upon all property of the undersigned for any sums due it for which it has become, or may become, liable by reason of its having executed the bond referred to herein. A Blanket Power of Attorney is given to the Surety or its Agent and each are authorized to sign whatever legal forms or documents on my / our behalf that are required to fulfill the securing of a lien(s) on any and all my property(s) including but not limited to real property, vacant land, vehicles, boats, planes, stock certificates / accounts, bank accounts or other assets of value.
4. The forfeiture notice, voucher or any other evidence of any payment made by the said SURETY or its Agent, by reason of such Suretyship, shall be conclusive evidence of such payment against the undersigned and the undersigned's estate both as to the property thereof and as to the extent of the liability thereof to the said SURETY.
5. That the said SURETY or its Agent, may withdraw from its Suretyship upon said bond or undertaking at any time that it may see fit, as provided by law.
6. That the Agreement shall not be returned by said surety or its Agent, at the time it shall be satisfied of the termination of its liability under said bond or obligation, but shall be retained.
7. That the failure of any of the undersigned to comply with the provisions of this Indemnity Agreement shall be binding upon the others.
8. If any provision or provisions of this instrument be void or unenforceable under the laws of any place governing its construction or enforcement, this instrument shall be void and vitiated thereby but shall be construed and endorsed with the same effect as though such provision or provisions were omitted.
9. Indemnitor(s), hereby authorize any person, agency, partnership, or corporation having any information concerning my character and financial reputation to release such information to Financial Casualty & Surety Co., its assigns and/or duly authorized representatives. I hereby release such person, agency, partnership, or corporation from liability which may be incurred in releasing this information to Financial Casualty & Surety Company, its assigns and/or duly authorized representatives.
10. I hereby waive any and all rights I may have under Title 28 Privacy Act – Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize Financial Casualty & Surety Co., and/or it's Agent, to obtain any and all private or Public information and/or records concerning me from any party or agency, private or government (local, State, Federal) including, but not limited to, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, medical records, school records, workers' compensation records, employment records. I authorize without reservation, any party or agency, private or government (local, State, Federal), concerning me to Financial Casualty & Surety Co., and/or it's Agent to furnish any and all private and public information and records in their possession concerning me to Financial Casualty & Surety Company, and/or it's agent.

For good and valuable consideration, the undersigned principal agrees to indemnify and hold harmless the surety company or its agent for all losses not otherwise prohibited by law.

WHEREOF, the undersigned have duly executed this agreement this _____ day of _____, _____
_____ (LS) _____ (LS)

DISCLOSURE NOTICE

CONDITIONS OF BOND:

1. The SURETY, as bail, shall have control and jurisdiction over the principal during the term for which the bond is executed and shall have the right to apprehend, arrest and surrender the principal to the proper officials at any time as provided by law.
2. In the event surrender of principal is made prior to the time set for principal's appearances, and for reason other than as enumerated below in paragraph 3, then principal shall be entitled to a refund of the bond premium.
3. It is understood and agreed that the happening of any one of the following events shall constitute a breach of principal's obligation to the SURETY hereunder, and the SURETY shall have the right to forthwith apprehend, arrest and surrender principal, and principal shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of principal's obligations hereunder are:
 - (a) If the principal shall depart the jurisdiction of the court without the written consent of the court and the SURETY or its Agent.
 - (b) If principal shall move from one address to another without notifying the SURETY or its Agent in writing prior to said move.
 - (c) If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond.
 - (d) If principal is arrested and incarcerated for any other offense other than a minor traffic violation.
 - (e) If principal shall make any material false statement in the application.

OTHER CONDITIONS _____

COURT DATE: _____ TIME: _____ PLACE: _____ NO DATE SET

INDEMNITOR INFORMATION

In addition to the terms and conditions of any Indemnity Agreement or other collateral documents which you have executed, this is to notify you that:

1. The Indemnitor(s) will have the defendant(s) forthcoming before the court named in the bond, at the time therein fixed, and as may be further ordered by the Court.
2. The Indemnitor(s) is responsible for any and all losses or costs of any kind whatsoever which the Surety may incur as a result of this undertaking. There should not be any costs or losses provided the defendant(s) does not violate the conditions of the bond and appears on time at all required Court hearings.
3. Collateral will be returned to the person(s) named in the collateral receipt, or their legal assigns within 21 days after the Surety has received written notice of discharge of the bond(s) from the Court. It may take several weeks after the case(s) is disposed of before the court discharges the surety bonds.

PRINCIPAL ACKNOWLEDGMENT

I have received a copy of this Disclosure Notice and I have received a copy of all other documents signed relating to the Bond(s).

PRINCIPAL

INDEMNITOR ACKNOWLEDGMENT

I have received a copy of this Disclosure Notice and I have received a copy of all other documents signed relating to the Bond(s).

INDEMNITOR

FOR COMPLAINTS OR INQUIRIES CONTACT

AGENCY

**DEFENDANT
BOND
QUESTIONNAIRE**

PLEASE ANSWER QUESTIONS AS BEST YOU CAN, IF NOT SURE OF THE ANSWER THEN LEAVE THE FIELD BLANK AND FAX TO BAIL BOND OFFICE. INFORMATION REQUESTED BELOW IS REGARDING THE DEFENDANT ONLY.

BOND AMOUNT \$ _____ NAME OF PERSON YOU SPOKE WITH AT OUR OFFICE? _____

DEFENDANT'S NAME _____ DOB _____

SS# _____ DRIVERS LICENSE# _____ STATE _____

ANY PRIOR ARRESTS? YES NO IF YES: YEAR _____ CITY & STATE _____

REASON/CHARGES? _____ CASE DISPOSITION: STILL OPEN? DATE CLOSED _____

HOME ADDRESS _____ APT# _____ CITY _____ STATE _____ ZIP _____

YEARS LIVING AT ABOVE ADDRESS? _____ YEARS RESIDING IN ABOVE STATE? _____

HOME PHONE _____ WORK _____ CELL _____

PLACE OF BIRTH _____ U.S. CITIZEN U.S. LEGAL RESIDENT YEARS LIVING IN U.S.? _____

OCCUPATION _____ EMPLOYED BY _____ YEARS? _____

EMPLYERS ADDRESS _____ CITY _____ STATE _____

SPOUSE'S NAME _____ DRIVERS LICENSE # _____ STATE _____

SPOUSE'S MAIDEN NAME _____ PLACE OF BIRTH _____ DOB _____

SPOUSE'S OCCUPATION _____ WORK or CELL # _____

DEFENDANT OR SPOUSE HAVE CHILDREN? YES NO # _____ EX-SPOUSE NAME _____

Age	Child's Full Name	Lives With Defendant?	If NO - Child Lives With Name.	Lives With Tel. #	Child's School
		YES NO			
		YES NO			
		YES NO			

References Full Name	Relationship To Defendant	If Known? Full Street Address and/or City and State	Tel. #
	BEST FRIEND #1		
	BEST FRIEND #2		
	MOTHER/FATHER		
	BROTHER/ SISTER		
	BROTHER/ SISTER		

Submitted By: _____ Date _____ Your Contact # _____