

POWELL BAIL BONDING

3804-1 Juvenile Center Road
Castle Hayne, N.C. 28429
Offc: (910) 762-4114
Fax: (910) 251-9773

I, _____

hereby give Powell Bail Bonding permission to put \$ _____ (amount)

on my Mastercard/Visa/Discover/American Express

_____ (acct #) exp (_____) for bond premium

and/or collateral on

(defendant) _____

Seal/Signature

SSN

Address

City & State

ZIP

Phone

CVV code (This is the 3 or 4 digit code on
reverse of your credit card)

Date