POWELL BAIL BONDING
3804-1 Juvenile Center Road
Castle Hayne, North Carolina 28429
Office: (910) 762-4114
Fax: (910) 251-9773

Credit Card Authorization Form

I _____ hereby give Powell Bail Bonding permission to

charge $_____(amount) on my MasterCard / Visa / American Express card.

Card number: _____expiration date:_____.

This charge is for payment of bond premium and/or collateral on

Defendant:_____.

_____

Signature

_____

Last 4 of SSN

_____

City_____, State_____

Zip_____.

Phone _____

(Billing address and phone number for card)

_____CVV Code

(This is the three or four digit code on the back of your card.)

_____

Date

PBB-003
9/15/17