## **Get Me Out Bail Bonds**

1507 Lane Ave S Jacksonville, Florida 32210 Tel: (904) 300-3233

## **CREDIT CARD AUTHORIZATION**

Today's Date:	Card Type:
Card Holder:	
Credit Card #:	Exp:
CVV#:	(last 3 digits on the back of the card) or (front 4 on Amex)
Billing Address:	
	Zip:
Telephone #:	
Charge Amount:	Dollars: \$
for the bond posted on behalf of_ and hold harmless the surety or its prohibited by law. Facsimile copy Note: Charges are subject to a pro-	occessing fee of 3% that will be subtracted from any refund or returns ication/posting fee may be applied for any cancellation. Premium is he bond(s) with the jail or court.
CARD HOLDER'S SIGNATUR	RE
Internal Office Use:  Defendant: Purpose of Charge: Approval Code: JAIL #: D.O.B: AGENT:	