

Doc's Bail Bonds

**1502 W. University Drive Suite 101
McKinney, Texas 75069**

**Phone: 972-562-6057
Fax: 972-562-8326**

Credit Card Authorization Form

I _____ do hereby authorize Doc's Bail Bonds to withdraw from my credit card the full amount listed below.

Total Amount to be Charged _____ **Date:** _____

Type of Credit Card: _____ **Account Number:** _____

Expiration Date: _____ **CVC Code on Back** _____

Billing Address: _____

Name on Credit Card: _____ **SS#** _____

Drivers License No.: _____ **D.O.B.:** ____/____/____

Relationship to Defendant: _____ **Phone No.** _____

Defendant: _____ **Jail:** _____

D.O.B.: _____ **Sex:** _____ **Phone:** _____

Address: _____ **Charge(s):** _____

Signature of Card Holder

Doc's Bail Bonds Agent