



257 South Riverfront Blvd
Dallas, Texas 75207
214.526.4272
214.741.3505 fax
Service@DeltaBail.com

Credit Card Authorization Form

Date: _____

Defendant: _____ (Last) _____ (First)

Jail: _____ (Jail Phone Number)

Charge(s): _____ Bond Amount: _____ Fee: \$ _____

Charge(s): _____ Bond Amount: _____ Fee: \$ _____

Charge(s): _____ Bond Amount: _____ Fee: \$ _____

Credit Card Type: Visa MasterCard AmEx Discover

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ CVV : _____ Billing Zip: _____

Amount Delta Bail Bonds is authorized to charge this Credit Card \$ _____

I, _____, do hereby authorize Delta Bail Bonds to charge my credit card that amount listed above as payment of fees to secure the release of the defendant. I further certify that I am authorized to incur charges on this credit card and that all the information given on this form is true and correct.

Subscribed and sworn before me this ____ day of _____ of 20____

Signature of Card Holder

Notary Public for the State of _____

** Please include a copy of the Credit Card and a copy of Card Holder's I.D.