



Tennessee Bonding Company

2661 E. Magnolia Ave
 Knoxville, TN 37914
 Phone: 1-865-522-1776

Credit Card Authorization Form

Today's Date: _____ / _____ / _____ Fax: 865-522-1790

Transaction for a Bond on: _____ Date of Birth _____
Full Legal Name of Defendant

Bond Amount: \$ _____ City/County/State: _____
City, County, State where the defendant is being held or Name of Jail and State.

Name of Card Holder: _____
Your name as it appears on credit card.

Card Billing Address: _____ APT# _____

_____ / _____ Zip _____ **BILLING ZIP CODE REQUIRED**
CITY STATE

Email Address: _____

Telephone No: _____ Cell No. _____

Credit Card No: _____

Expiration Date: _____ / _____ CVV No: _____ 3 digit #  _____ 4 digit #  _____

Amount of Today's Charge: _____ Dollars. \$ _____
Dollar Amount in Written Words. \$ Amount in Numerals.

Card Type: Visa MC Discover Amex Other _____

I hereby authorize the charging(s) of my credit card as indicated.

By signing this credit card authorization form you are also granting us permission to charge your card and the use of your signature on file for any additional charges that may arise in the future pertaining to your obligation/s as an indemnitor for this \$ _____ bail bond(s). The undersigned accepts and agrees to all of the bond terms and financial obligations as stated in the bail bond indemnity agreement and acknowledges that they are a part of this credit card authorization form for future charges. I agree to indemnify and hold harmless the surety or its agent for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile copy is considered as if an original.

I HAVE READ AND AGREE TO ALL OF THE ABOVE

Card Holder's Signature: _____
 (Indemnitor / Card Holder)

Fax completed form(s) with copy of your credit card and government issued I.D. to fax number listed above. Then call the Bail Agent's Office.