

Smitty's Bail Bonds of San Luis Obispo

Authorization for Recurring Credit Card Charges

Company: _____

Contact Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Contact Fax: _____

Card Type: Visa MasterCard American Express Discover
(circle one)

Card Number: _____

Expires: _____ Security Code: _____ (Visa/MC/Disc 3 digits on back, Amex 4 digits on front)

I hereby authorize Smitty's Bail Bonds to charge my credit card on a monthly basis for monthly service fees. I further stipulate the following conditions:

1. I understand that the monthly credit card charges will continue until I give written notice to change or terminate the charges.
2. I understand that the payments are collected at the beginning of the month of service.
3. I understand that Smitty's Bail Bonds will charge my credit card on the same day each month
4. I understand that I am personally responsible for any payments not processed by my financial institution.
5. I understand that Smitty's Bail Bonds needs at least one week written notice before the recurring credit card charge date to alter or cancel my scheduled monthly credit card charge.
6. I understand that Smitty's Bail Bonds will notify me in advance if there are increases to my monthly credit card charge.
7. I will notify Smitty's Bail Bonds within 14 days if I have a credit card number and/or expiration date change.
8. I understand and authorize that Non-Sufficient Funds (NSF) or collection fees will be charged to me for any declined monthly credit card transaction. Such NSF fees will be the maximum amount allowed by the law and will include applicable taxes.

I hereby acknowledge that I have read and agree to the conditions stated above.

Signature of Credit Card Holder

Date

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