

# EASY PAYMENT FORM FOR BAIL BOND PREMIUM

GOODFELLAS BAIL BONDS "FORGET ABOUT IT" ©

TOLL FREE 1-877-384-5245(JAIL) FAX 702-548-7671

513 S. MAIN ST. LAS VEGAS, NV. 89101

**FAX THIS FORM AUTHORIZING PAYMENT OF \$ \_\_\_\_\_ ALONG  
WITH THE BAIL BOND APPLICATION AND INDEMNITY AGREEMENT.**

## METHOD OF PAYMENT:

- Master Card                      Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Visa                                      Expiration \_\_\_\_/\_\_\_\_
- Discover                                VIN Security Code \_\_\_ \_\_ or AMEX \_\_\_ \_\_ \_\_
- American Express

CARDHOLDER'S NAME: \_\_\_\_\_

CARDHOLDER'S BILLING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Cardholder acknowledges payment of premium in the amount shown above and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

\_\_\_\_\_  
Cardholder's signature (required)

Name of Indemnitor/ Co-signer: \_\_\_\_\_

Name of defendant: \_\_\_\_\_

Amount of Bond(s) \$ \_\_\_\_\_

Amount of premium charged to Credit Card \$ \_\_\_\_\_

Please fax a copy of your State issued Id and the Credit card used along with this completed and signed form. After faxing all originals must be mailed to address at the top of this form. If you have any questions please call for assistance. Thank you for your business.