

**E-Z Payment Form
For Bail Bond Premium
A-1 Bonding, Inc., dba A-1 Bail Bonds**

Mailing address
550 Halekauwila Street # 303
Honolulu HI 96813

Phone: 808-522-1960 or Toll Free 800-701-2245
Fax: 808-522-1964 or Toll Free 866-728-6769

WWW.808BAIL.COM

**Fax this form authorizing payment of \$ _____ along with the Bail Bond Application and Indemnity Agreement.

METHOD OF PAYMENT:

Check (enclosed)

Master Card

Visa

Discover

American Express

(A/E special boxes different than above)

Credit Card # _____ - _____ - _____ - _____

A/E Card # _____ - _____ - _____

Expire Date __ / __ / __

Cardholder's Name: _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder acknowledges payment of renewal 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: \$ _____

Amount of premium charged to credit card: \$ _____

**After faxing documents

7.) ALL SIGNED ORIGINALS MUST BE MAILED TO THE ADDRESS ABOVE

Q&A Write: BailCC4.QW Rev 121803