

E-Z Payment Form

A-1 Bonding, Inc.
" Surety Bond Specialists"
Mailing address
550 Halekauwila Street # 303
Honolulu Hawaii 96813

Phone: 808-522-1960 or Toll Free 800-701-2245

Fax: 808-522-1964 or Toll Free 866-728-6769

WWW.808BOND.COM

**Fax this form authorizing payment of \$ _____ along with the application of and the signed bond agreement.

METHOD OF PAYMENT:

Check (enclosed)

Master Card

Credit Card # _____

Visa

American Express (A/E

A/E Card # _____

special boxes different than above)

Expire Date __ / __

Cardholder's Name: _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip: _____

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

Cardholder's Signature (required)

Applicant or name on bond and or bond number if you know it. _____

Amount and type of Bond: _____

(this is different than the premium) The amount of premium is how much you need to pay for the bond.

Phone number: How do we contact you? _____

**After faxing documents

ALL SIGNED ORIGINALS MUST BE MAILED TO THE ADDRESS ABOVE

Q&A Write: BailCC.QW Rev 121803