



Bail Yes Nationwide Bonding Agencies

Tel 1-800-224-5937 Fax 1-305-513-0722 E-Fax 1-866-774-9665
www.BailYes.com Home Office 4320 NW 72 Ave. Miami, Fl. 33166

CREDIT CARD AUTHORIZATION FORM

Today's Date: ____ / ____ / ____
Month MM Day DD Year YYYY Name of Our Employee You Spoke With. _____

Name of Defendant: _____ Date of Birth _____
Enter Full Legal Name of Defendant

Total Bond Amount: \$ _____ City or County _____ State _____
Enter City or County and State of the Jail where defendant is being held at.

Enter Amount of Today's Payment \$ _____ \$ _____
Above Write Payment Dollar Amount in Words

Name of Credit Card Holder: _____ Relationship: _____
Enter Your Name As It Appears on Credit Card Your Relationship to Defendant? IE; Father, Mother


Card Billing Address: _____
Enter The Address Associated With Your Credit Card Bill. (Typically this is the Same as Your Home Address)

City: _____ State _____ Zip Code _____ **BILLING ZIP CODE REQUIRED**

Home or Other Tel# _____ Cell# _____

Your Email Address: _____

Credit Card No. _____

Expiration Date: ____ / ____ Card Security CVV#: ____ 3 or 4 digit code on card. 
MM YY

Card Type: Visa MC Discover Amex or 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 and its agent for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile and Electronic E-Sign copy of this form is considered as if an original.

NOTE: Charges are subject to a processing fee of 3% that will be subtracted from any refund or returns owed, an additional \$150.00 application/posting processing fee may be applied for any cancellation. Premium is fully earned upon the posting of the bond(s) with the jail or court.

I HAVE READ AND AGREE TO ALL OF THE ABOVE.

Card Holders Signature: _____

Name of Indemnitor/Card Holder: _____

Fax completed form(s) with copy of your credit card and Drivers license or I.D. to fax number 305-513-0722. Then call 1-800-224-5937.

Below: For Office Use Only: To be completed by card merchant agent:

Bond ID# _____ Surety _____ Transfer Agent & Liable % _____ / _____ %

PRIVATE BAIL BOND INDEMNITY AGREEMENT

RELATIONSHIP _____ YEARS KNOWN _____ E-MAIL _____
YOUR NAME _____ DOB _____ U.S. Citizen: _____ or U.S. Resident: _____ Yrs: _____
ADDRESS _____ APT# _____ Years at Address: _____ Years in State _____
CITY _____ STATE _____ ZIP _____ Own or Rent _____ Landlord Tel _____
HOME PHONE _____ WORK # _____ CELL # _____
OCCUPATION _____ EMPLOYED BY _____
EMPLOYERS ADDRESS _____ CITY _____ STATE _____ ZIP _____
SS# _____ DRIVERS LICENSE # _____ STATE _____
NAME OF SPOUSE _____ DRIVERS LIC.# _____ SS# _____
SPOUSES' EMPLOYER _____ Addr: _____ Tel# _____
REFERENCE _____ Addr: _____ Tel# _____

WHEREAS, Surety Financial of America Corp., a Florida Corporation & General Agency (hereinafter called the SURETY) at the request of the undersigned, and upon the security Hereof, has, or is about to become SURETY on an appearance bond posted for _____ In the sum of \$ _____ Dollars by virtue of a posting of a certain bond/s or undertaking, a copy of which is attached hereto and made a part hereof:

NOW THEREFORE, in consideration of the premises and the sum of one dollar in hand paid, receipt whereof by each of us is hereby acknowledged, the undersigned do/does hereby undertake, agree and bind themselves, their representatives, successors and assigns, as follows:

1. That the undersigned will have the aforesaid _____ forthcoming before the court named in said bond, attached hereto, at the time therein fixed, and from day to day and term to term thereafter, as may be ordered by the said court.
2. That the undersigned will at all times indemnify and save SURETY or its Agent, harmless from and against every and all claims, demands, liability, cost, charge, counsel fee, expense, suit order, judgment or adjudication whatsoever which the said SURETY or its Agent shall or may for any cause at any time sustain or incur by reason or in consequence of the said SURETY having executed said bond or undertaking, will upon demand, place the said SURETY or its Agent in funds to meet every claim, demand, liability, cost, interest, charge, counsel fee, including bankruptcy attorney fee, expense, collection fee, investigative fee, apprehension, transport, surrender fee, suit order, judgment, or adjudication against it, by reason of such Suretyship, and before it or its Agent shall be required to pay the same.
3. The condition of said Indemnity Agreement provides that as long as there is any liability or loss of any nature whatsoever to the SURETY upon the bond referred to herein, the undersigned will not make any transfer, or any attempted transfer of any of the property, real or personal given as security, or any property which the undersigned owns or may subsequently acquire or any interest therein, and it is further agreed that the SURETY or its Agent shall have a lien upon all property of the undersigned for any sums due it for which it has become, or may become, liable by reason of its having executed the bond referred to herein. A Blanket Power of Attorney is given to the Surety or its Agent and each are authorized to sign whatever legal forms or documents on my / our behalf that are required to fulfill the securing of a lien(s) on any and all my property(s) including but not limited to real property, vacant land, vehicles, boats, planes, stock certificates / accounts, bank accounts or other assets of value.
4. The forfeiture notice, voucher or any other evidence of any payment made by the said SURETY or its Agent, by reason of such Suretyship, shall be conclusive evidence of such payment against the undersigned and the undersigned's estate both as to the property thereof and as to the extent of the liability thereof to the said SURETY.
5. That the said SURETY or its Agent, may withdraw from its Suretyship upon said bond or undertaking at any time that it may see fit, as provided by law.
6. That the Agreement shall not be returned by said surety or its Agent, at the time it shall be satisfied of the termination of its liability under said bond or obligation, but shall be retained.
7. That the failure of any of the undersigned to comply with the provisions of this Indemnity Agreement shall be binding upon the others.
8. If any provision or provisions of this instrument be void or unenforceable under the laws of any place governing its construction or enforcement, this instrument shall be not void and vitiated thereby but shall be construed and endorsed with the same effect as though such provision or provisions were omitted.
9. Indemnitor(s), hereby authorize any person, agency, partnership, or corporation having any information concerning my character and financial reputation to release such information to Surety Financial of America., its assigns and/or duly authorized representatives. I hereby release such person, agency, partnership, or corporation from liability which may be incurred in releasing this information to Surety Financial of America, its assigns and/or duly authorized representatives.
10. I hereby waive any and all rights I may have under Title 28 Privacy Act – Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize Surety Financial of America., and/or it's Agent, to obtain any and all private or Public information and/or records concerning me from any party or agency, private or government (local, State, Federal) including, but not limited to, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, medical records, school records, workers' compensation records, employment records. I authorize without reservation, any party or agency, private or government (local, State, Federal), concerning me to Surety Financial of America., and/or it's Agent to furnish any and all private and public information and records in their possession concerning me to Surety Financial of America, and/or it's agent. A Facsimile and/or Electronic E-sign copy of this document is considered to have the full force and effect as if an original of same.

For good and valuable consideration, the undersigned principal agrees to indemnify and hold harmless the surety and its agent for all losses not otherwise prohibited by law. The term "Surety" shall include the surety insurance company on the bonds referred to herein and their agents, managing general agents, co-sureties, re-insurers, successors and assigns.

WHEREOF, the undersigned have read and duly executed this agreement this _____ day of _____, _____

(LS)

(LS)

**DEFENDANT
BOND
QUESTIONNAIRE**

**ONLY ANSWER QUESTIONS YOU KNOW.
IF YOUR NOT SURE THEN LEAVE THE SPACE BLANK.
INFORMATION REQUESTED BELOW IS ABOUT THE DEFENDANT ONLY.**

BOND ID# _____ AMOUNT \$ _____ CITY _____ STATE _____

DEFENDANT NAME _____ DOB _____ EMAIL: _____

SS# _____ DRIVERS LICENSE# _____ STATE _____

ARRESTED BEFORE? YES NO IF YES: YEAR _____ WHAT CITY? _____ STATE _____

Any Jail/Prison Time Served? YES NO IF YES, Date Released: _____ Is Currently On Probation?: YES NO

HOME ADDRESS _____ APT# _____ CITY _____ STATE _____ ZIP _____

HOW LONG LIVING AT ABOVE ADDRESS? _____ YEARS RESIDING IN ABOVE STATE? _____ YEARS IN U.S.A. _____

HOME PHONE _____ WORK _____ CELL _____

PLACE OF BIRTH _____ U.S. CITIZEN or U.S. RESIDENT. YEARS LIVING IN U.S.? _____

OCCUPATION _____ EMPLOYED BY _____ YEARS? _____

EMPLOYERS ADDRESS _____ CITY _____ STATE _____

Spouse Name _____ Driver License # _____ STATE _____

Spouse Cell # _____ Place of Birth _____ DOB _____

Spouse Occupation _____ Employer _____ Work # _____

DOES THE DEFENDANT AND/OR SPOUSE HAVE CHILDREN? YES NO TOTAL # of children _____ Enter name below.

Age	Enter Full Names of Children Below. If None Enter N/A	Lives With Defendant?	If NO – Child Lives with WHO ?.	Lives With Tel. #	Goes to School or Work at?
		YES NO			
		YES NO			
		YES NO			

Please Enter References Full Name	Relationship To Defendant	Enter: Address and/or City and State	Below Enter Home # or Cell#
	BEST FRIEND #1		
	BEST FRIEND #2		
	MOTHER or FATHER		
	BROTHER or SISTER		
	BROTHER or SISTER		

The above information entered is true and correct as best as I can remember.

Submitted By: _____ Today's Date: _____ / _____ / _____
Name: _____ Month MM Day DD Year YYYY Enter Name of our Employee.

DISCLOSURE NOTICE

CONDITIONS OF BOND:

1. The SURETY, as bail, shall have control and jurisdiction over the principal during the term for which the bond is executed and shall have the right to apprehend, arrest and surrender the principal to the proper officials at any time as provided by law.
2. In the event surrender of principal is made prior to the time set for principal's appearances, and for reason other than as enumerated below in paragraph 3, then principal shall be entitled to a refund of the bond premium.
3. It is understood and agreed that the happening of any one of the following events shall constitute a breach of principal's obligation to the SURETY hereunder, and the SURETY shall have the right to forthwith apprehend, arrest and surrender principal, and principal shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of principal's obligations hereunder are:
 - (a) If the principal shall depart the jurisdiction of the court without the written consent of the court and the SURETY or its Agent.
 - (b) If principal shall move from one address to another without notifying the SURETY or its Agent in writing prior to said move.
 - (c) If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond.
 - (d) If principal is arrested and incarcerated for any other offense other than a minor traffic violation.
 - (e) If principal shall make any material false statement in the application.

OTHER CONDITIONS _____

COURT DATE: _____ TIME: _____ PLACE: _____ NO DATE SET

INDEMNITOR INFORMATION

In addition to the terms and conditions of any Indemnity Agreement or other collateral documents which you have executed, this is to notify you that:

1. The Indemnitor(s) will have the defendant(s) forthcoming before the court named in the bond, at the time therein fixed, and as may be further ordered by the Court.
2. The Indemnitor(s) is responsible for any and all losses or costs of any kind whatsoever which the Surety may incur as a result of this undertaking. There should not be any costs or losses provided the defendant(s) does not violate the conditions of the bond and appears on time at all required Court hearings.
3. Collateral will be returned to the person(s) named in the collateral receipt, or their legal assigns within 21 days after the Surety has received written notice of discharge of the bond(s) from the Court. It may take several weeks after the case(s) is disposed of before the court discharges the surety bonds.

PRINCIPAL ACKNOWLEDGMENT

I have received a copy of this Disclosure Notice and I have received a copy of all other documents signed relating to the Bond(s).

PRINCIPAL

INDEMNITOR ACKNOWLEDGMENT

I have received a copy of this Disclosure Notice and I have received a copy of all other documents signed relating to the Bond(s).

INDEMNITOR

FOR COMPLAINTS OR INQUIRIES CONTACT

AGENCY