

EASY PAYMENT FORM FOR BAIL BOND PREMIUM

GOODFELLAS BAIL BONDS .FORGET ABOUT IT. ©

TOLL FREE 1-877-384-5245(JAIL) FAX 702-384-2181

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.