

**Bond # \_\_\_\_\_**  
**Blevins Bail Bonding LLC / Roger Blevins**  
**NPN: 16592681 Phone: 336-609-1304**  
**1108 Grecade St Suite 107 Greensboro, NC 27408**

**One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize Blevins Bail Bonding LLC to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit/charge your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize Blevins Bail Bonding LLC to charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)  
\_\_\_\_\_  
(description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Card Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Print \_\_\_\_\_

Defendant/Principle \_\_\_\_\_ Date \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Form# (BBB-1B1)