

Lightning Bail LLC
629 South Casino Center Blvd
Las Vegas, NV 89101

CREDIT CARD APPROVAL FORM

All Information Below Must Be Completed In Full

CARD HOLDER NAME: _____

CARD HOLDER DL #: _____ DL STATE: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

BILLING ADDRESS: _____

(City)

(State)

(Zip)

TYPE OF CARD:



CREDIT CARD #: _____

EXPIRATION DATE: _____ CID (CVV2): _____

PREMIUM _____

COLLATERAL _____

MISC. FEE _____

TOTAL: _____

OFFICE USE ONLY:

DEFENDANT

BOND/POWER NUMBER

I hereby authorize O _____ Bail LLC to charge my credit card in the amount stated above with all conditions of sale as if I were presenting my credit card in person. I warrant that I am the authorized cardholder for the credit card account indicated above, that funds are available, and that I will perform the obligations set forth in the cardholder's agreement with the credit card issuer. I understand that any and all refunds relating to this transaction are subject to a five percent (5%) non-refundable processing fee.

SIGNATURE: _____ DATE: _____

Card Holder MUST Fax a copy of Identification and Credit Card with this form.