

**A ALPHA BAIL BONDS**

132 W. 11<sup>th</sup> Ave. Denver, CO. 80204  
aalpbailbonds.com  
P: 303.202.9951 / F:720.266.6995

**THIRD PARTY CREDIT / DEBIT PAYMENT AUTHORIZATION**

**PLACE THE CREDIT / DEBIT CARD AND CARD HOLDER I.D ON THE COMPLETED FORM WHERE INDICATED AND RETURN, IF NOT COMPLETE OR LEGIBLE BOND WILL NOT BE POSTED;**

- **SMART PHONE / DEVICE**, TEXT IMAGE OF THE COMPLETED FORM TO: **720.451.9299**
- **EMAIL** IMAGE OF THE COMPLETED FORM TO: **office@aalphabailbonds.com**
- **FAX CARD / I.D.** IMAGES MUST BE ATTACHED AT 200% SIZE OF ORIGINAL: **720.266.6995**
- **AGENT** CONTACT YOUR AGENT DIRECTLY FOR ALTERNATIVE RETURN OPTIONS.

|                  |  |              |  |
|------------------|--|--------------|--|
| DEFENDANTS NAME: |  | CASE NUMBER: |  |
|------------------|--|--------------|--|

[ CREDIT / DEBIT CARD HERE ]

CCV: \_\_\_\_\_

|                       |        |      |
|-----------------------|--------|------|
| CARD BILLING ADDRESS: |        |      |
| CITY:                 | STATE: | ZIP: |

[ STATE / FED ISSUED PHOTO I.D. HERE ]

CARDHOLDER NAME : \_\_\_\_\_ SIGNATURE; **X** \_\_\_\_\_  
( PRINT) NAME AS IT APPEARS ON THE CARD MUST MATCH THE IDENTIFICATION OR CARD BEING USED

I AUTHORIZE A ALPHA BAIL BONDS LLC TO CHARGE THE CARD LISTED ON THIS FORM AS EITHER A ONE TIME PAYMENT OR AS ONGOING PAYMENTS IN ACCORDANCE TO THE BOND PAPERWORK / PAYMENT PLAN RELATED TO THE DEFENDANT AND CASE LISTED ABOVE.

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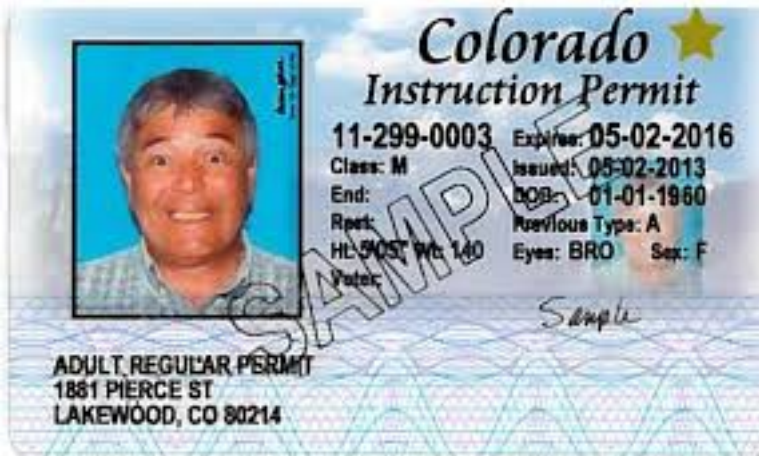
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