



Your Bond Specialists providing Bail, License, and Notary Bonds to ALL the Hawaiian Islands for more than 30 years

Easy Payment Form for Bail Bonds



550 Halekauwila St., Suite 303 • Honolulu, HI 96813 • voice 808.522.1960 • fax 808.522.1972 • email jim@808bail.com • www.808bail.com

*Print, then fax, email or submit online this form authorizing payment of \$ _____ along with the Bail Bond Application and Indemnity Agreement.

METHOD OF PAYMENT:

- Check (enclosed)
- Credit Card: Master Card Visa Discover

Credit Card # _____ - _____ - _____ - _____ Expire Date ____ / ____

CVV# _____  (on the back of the card)

- American Express (AMX special boxes different than above)

AMX Card # _____ - _____ - _____ - _____ Expire Date ____ / ____

CVV# _____  (on the front of the card)

Cardholder's Name (print): _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip: _____

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 or its agent for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile copy 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 Holder's Signature: _____

Name of Indemnitor/Co-signer: _____

Name of Defendant: _____

Amount of Bond: \$ _____ Amount of premium charged to credit card: \$ _____

Print this form, then fax, email or click the button below to submit online.



***After faxing, emailing or submitting payment online, all signed originals must be mailed to:**

**A-1 Bonding, Inc.,
550 Halekauwila Street # 303
Honolulu HI 96813**