



LIZA DAVIS BAIL BONDS, LLC.

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Phone 860.347.BAIL Phone 860.818.7078

CREDIT CARD RECEIPT

BOND INFORMATION

DATE ____/____/____ BOND AMOUNT _____ LOCATION OF BOND _____

DEFENDANT NAME _____ DATE OF BIRTH _____

ADDITIONAL INFORMATION _____

CARD HOLDER INFORMATION

NAME _____ BILLING ADDRESS _____

CITY, STATE, ZIP _____ STATE ISSUED ID # _____

PHONE (best # for contact) _____ SECOND PHONE # _____

CREDIT CARD INFORMATION

CREDIT CARD # _____ EXPIRATION DATE _____

CVV CODE _____

CHARGES

BAIL BOND PREMIUM CHARGED \$ _____ CREDIT CARD CHARGE (2%) \$ _____

GRAND TOTAL CHARGED TO CREDIT CARD \$ _____

SIGNATURE

I HEREBY AUTHORIZE, LIZA DAVIS BAIL BONDS TO CHARGE MY CREDIT CARD WITH THE ABOVE CHARGES.

CARDHOLDER SIGNATURE _____

THE ABOVE SIGNED HEREBY ACKNOWLEDGES THE ABOVE CHARGES ARE CORRECT.

PLEASE READ AND UNDERSTAND THIS CONTRACT BEFORE SIGNING THIS DOCUMENT