R & R BAIL LLC
DBA VEGAS BAIL

726 CASINO CENTER DR. STE #210
LAS VEGAS, NV 89101
OFFICE: 702-228-2245 FAX: 702-434-3332

Date of Transaction: _____
COLLATERAL: _____
PREMIUM: _____
COURT FEES: _____
POSTING FEES: _____
MISC. FEES: _____

TOTAL: _____

AUTHORIZATION FOR USE OF CREDIT CARD

PRINT NAME **I** _____**, authorize VEGAS BAIL to use my**

_____ **for the purpose of posting bail for**
(American Express, Visa, Discover, Master Card)

Defendant _____ **in the amount of $** _____

Also to charge Premium Fees in the amount of $ _____**, Posting Fees in the amount of $**_____**, and any other applicable fees in the amount of $**_____**.**

FILL IN

_____ **CARD HOLDER'S NAME**	_____ **CARD EXPIRATION DATE**
_____ **DATE OF BIRTH**	_____ **TODAYS DATE**
_____ **SOCIAL SECURITY NUMBER**	_____ **MOTHER'S MAIDEN NAME**

(FILL OUT NEXT PORTION IF INDEMNITOR AND CARD HOLDER ARE THE SAME)

If in the event _____ **fails to appear for any appear for any or all of the court dates ordered by the courts, or fails to meet any of the obligation set forth by the court VEGAS BAIL, are authorized to charge the full amount of the bond(s) posted for him/her on the same card.**

SIGN X _____ DATE X _____
SIGNATURE **DATE**

By the signing this document I understand that this is a binding agreement between myself and VEGAS BAIL.