

A SIGNATURE ONLY
 BAIL BONDS INC.
 521. S. Andrews Ave Ste.8
 Ft.Lauderdale, Fl 33301
 Office (954) 630-0000
 Fax: (954) 954-767-3308

I _____ do hereby irrevocably authorize
 the charge(s) in the amount(s) of

\$ _____ Premium
 \$ _____ Collateral

Against my credit card(s) indicated as follows:

Type _____
 Account # _____
 Exp. _____
 Amount charged to this card \$ _____

Type _____
 Account # _____
 Exp. _____
 Amount charged to this card \$ _____

The purpose of the above charge(s) is to act as premium and/or collateral for
 posting of a bail bond on behalf of:

I _____ understand that this charge
 against my account(s) is irrevocable.

Premium charges are non-refundable.

Collateral charges will be returned as a credit to the cardholders account minus
 any and all credit card company deductions.

Current discount rate _____ MC/VISA
 _____ AMEX

Signed this _____ day of _____ 2008

Sign (x) _____