

# Arizona Asset Management & Recovery Inc.

Better Bail Bonds | www.247getbail.com

1012 N. 7<sup>th</sup> Ave., Phoenix, AZ 8507

1211 W. Silverlake Rd., Tucson AZ 85713

PH: 602-253-4800 / FAX: 480-990-8997

1-800-GET-BAIL

PH: 520-622-3350 / FAX: 520-334-2088

## Credit Card Authorization Form/Payment Plan

COPY OF CREDIT CARD AND ID REQUIRED

Date: \_\_\_\_\_ Booking # \_\_\_\_\_

Defendants First Name: \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

**Premium/Fees** [ ] Yes, I \_\_\_\_\_ authorize Arizona Asset Management & Recovery Inc. and Better Bail Bonds to charge my debit or credit card in the amount of \$ \_\_\_\_\_ for the premium and fees of the bail bond.

**Collateral** [ ] Yes, I \_\_\_\_\_ authorize Arizona Asset Management & Recovery Inc. and Better Bail Bonds to charge my credit/debit card in the amount of \$ \_\_\_\_\_ for collateral for the bail bond.

**CR/DB Payments** [ ] Yes, I \_\_\_\_\_ authorize Arizona Asset Management & Recovery Inc. and Better Bail Bonds to charge my credit/debit card on the dates specified in the payment schedule for the amounts listed. I understand that I am waiving all rights to dispute any charges on my debit/credit card.

I understand that the Defendant's failure to comply with the terms and conditions of the bail bond contract and attend each and every court date and time may result in bail bond forfeiture, and additional charges to be charged to my debit/credit card. In the event this should happen, I authorize Better Bail Bonds to charge the below debit/credit card for the full amount of the additional charges and fees without notice. I understand that I am waiving all rights to dispute any charges on debit/credit card. There will be no refunds if bail bond forfeiture occurs. Any notice of forfeiture authorizes the charge of all collateral and/or fees to my debit/credit card; forfeiture amount will be paid to the court. I understand that there is a 3% non-cash surcharge fee for all payments made. **Int (I)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Int (C)** \_\_\_\_\_ **Date** \_\_\_\_\_ **Int (D)** \_\_\_\_\_ **Date** \_\_\_\_\_

Card Holder First Name: \_\_\_\_\_ Last: \_\_\_\_\_ MI \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of card: [ ] Visa [ ] M/C [ ] Discover

Card #: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_ CVN Code: \_\_\_\_\_

Phone-In Security Questions:

Mother Maiden Name: \_\_\_\_\_ Fathers Place of Birth: \_\_\_\_\_ High School attended: \_\_\_\_\_ Year graduated: \_\_\_\_\_

Plan Type: [ ] Initial Premium/Fees [ ] Cash Bond [ ] Collateral [ ] Monthly Fees

Payment Form: [ ] CR/DB [ ] CK [ ] CA [ ] DD Total Due \$ \_\_\_\_\_ Finance Charge 10% \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Date	\$	Date	\$	Date	\$	Date	\$
Date	\$	Date	\$	Date	\$	Date	\$
Date	\$	Date	\$	Date	\$	Date	\$
Date	\$	Date	\$	Date	\$	Date	\$

Plan Type: [ ] Initial Premium/Fees [ ] Cash Bond [ ] Collateral [ ] Monthly Fees

Payment Form: [ ] CR/DB [ ] CK [ ] CA [ ] DD Total Due \$ \_\_\_\_\_ Finance Charge 10% \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Date	\$	Date	\$	Date	\$	Date	\$
Date	\$	Date	\$	Date	\$	Date	\$
Date	\$	Date	\$	Date	\$	Date	\$
Date	\$	Date	\$	Date	\$	Date	\$

Plan Type: [ ] Initial Premium/Fees [ ] Cash Bond [ ] Collateral [ ] Monthly Fees

Payment Form: [ ] CR/DB [ ] CK [ ] CA [ ] DD Total Due \$ \_\_\_\_\_ Finance Charge 10% \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Date	\$	Date	\$	Date	\$	Date	\$
Date	\$	Date	\$	Date	\$	Date	\$
Date	\$	Date	\$	Date	\$	Date	\$
Date	\$	Date	\$	Date	\$	Date	\$

Forfeiture Payment Plan Only

Payment Form: [ ] CR/DB [ ] CK [ ] CA [ ] DD Total Due \$ \_\_\_\_\_ Finance Charge 30% \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Date	\$	Date	\$	Date	\$	Date	\$
Date	\$	Date	\$	Date	\$	Date	\$
Date	\$	Date	\$	Date	\$	Date	\$
Date	\$	Date	\$	Date	\$	Date	\$

Card Holder Signature: \_\_\_\_\_ First: \_\_\_\_\_ Last: \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_



Notary Public

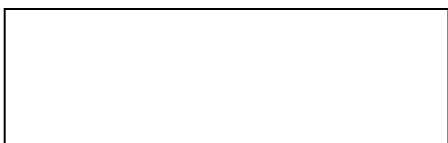
My commission expires \_\_\_\_\_

[ ] Yes, I \_\_\_\_\_ agree to the above payment plan to satisfy any and all premiums, fees, re-arrest, and/or forfeitures due. I understand that failure to make all payments on time can result in the Defendants re-arrest and/or collateral repossessed and sold at auction to settle any balance due and to satisfy the entire amount due. This does not include any attorney fees or collection fees. There is a 10% finance charge on all payments on initial premiums and fees.

Def/Int/Co-Int Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Def/Int/Co-Int First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Subscribed and sworn before me on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_



Notary Public

My commission expires \_\_\_\_\_