

**Always There BAIL BONDS Inc.**  
America's Premier Bail Bond Company  
P.O.Box 162252  
Boiling Springs, sc 29316  
864-580-2245

# CREDIT CARD AUTHORIZATION FORM

## READ CAREFULLY AS YOU ARE ASSUMING CERTAIN OBLIGATIONS

This bail bond is for the defendant: \_\_\_\_\_ Being held in the \_\_\_\_\_ County Jail. I \_\_\_\_\_

indemnitor, hereby authorize Always There Bail Bonds to charge my credit card: (check card type) \_\_\_\_\_ The premium is earned by **Always There Bail Bonds Inc.** upon release of the defendant and is non-refundable. Cash collateral may not be returned to Indemnitor, until up to 30 days after **ALWAYS THERE BAIL BONDS** has received an **suitable notification of exoneration of the bond** properly signed by the appropriate judge. This **notification of exoneration of the bond** must be in the possession of **ALWAYS THERE BAIL BONDS** before the release process will begin, THERE ARE NO EXCEPTIONS!

Cardholder further holds harmless Always There Bail Bonds Inc. against any and all liability and any and all cost associated with said defendant. Cardholder understands that collateral is held by Always There Bail Bonds Inc. until the defendant completes all court appearances or until the court exonerates the bail bond posted. \_\_\_\_\_. I understand and agree that **ALWAYS THERE BAIL BONDS** will charge, **IMMEDIATELY**, against my above mentioned credit card the following items:

1. Amount to be used as collateral to secure bail bond: ..... \$ \_\_\_\_\_
2. Posting Fee: ..... \$ \_\_\_\_\_
3. Premium for Bond (Fee): ..... \$ \_\_\_\_\_
4. \_\_\_\_\_
5. Process fees ..... \$ \_\_\_\_\_
6. **Total** to be charged on the above credit card: ..... \$ \_\_\_\_\_

## CREDIT CARD INFORMATION:

Credit Card Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone#: \_\_\_\_\_ DL#: \_\_\_\_\_

Credit Card# \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

I, \_\_\_\_\_ agree that this agreement shall be bound by the laws of the State of SC and that a fax and/or photocopy of this authorization shall be as valid as an original.

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALWAYS THERE BAIL BONDS PAYMENT PLAN AGREEMENT

864-580-2245



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PAYMENT TERMS

\* I having obtained a surety bail bond for \_\_\_\_\_ (defendant's name) and having an unpaid balance agree to pay Always There Bail Bonds within the following terms:

\* Bond Amount: \$ \_\_\_\_\_

\* Premium Amount: \$ \_\_\_\_\_

\* Down Payment: \$ \_\_\_\_\_ (circle one) cash check credit

\* Amount Owed: \$ \_\_\_\_\_ Special arrangements \_\_\_\_\_

\* This note is due and payable as follows: The first such payment of \$ \_\_\_\_\_ is due and payable on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and like installment payments shall be due and payable on a WEEKLY, BI-WEEKLY, or MONTHLY (circle one) basis until the total amount owed of \_\_\_\_\_ is paid in full. All payments made go directly to the amount owed, this is a zero interest payment plan.

Payments must be made within the above terms to keep this payment plan in good standing, if payments are not made this payment plan will be put in default and will be subject to the bond being REVOKED and sent to ATBB Bond's attorney for enforcement . If the defendant's case is finished or the defendant is arrested for any reason before the payment plan has been paid in full the outstanding balance is still owed. Initial, \_\_\_\_\_

\*ATTORNEY'S FEES: If this payment plan is given to an attorney for collection or enforcement, or if a suit is brought for collection or enforcement, or it is collected or enforced through probate, bankruptcy, or other judicial proceedings then the payer(s) shall pay Statewide Bail Bonds all cost of collections and enforcement, including reasonable attorney fees and all court costs in addition to the amount owed. I give Connecticut Bail bonds the right to place a lien on any asset owned.

\*EXECUTED ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ X \_\_\_\_\_

PAYER INFORMATION

NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMPLOYER PHONE # \_\_\_\_\_

PHONE (best # for contact) \_\_\_\_\_

REFERENCE NAME \_\_\_\_\_

PHONE (2nd contact #) \_\_\_\_\_

REFERENCE ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

REFERENCE PHONE # \_\_\_\_\_

LICENSE OR STATE ID# \_\_\_\_\_

DEFENDANT PHONE # \_\_\_\_\_

PLEASE MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO ALWAYS THERE BAIL BONDS

PAYMENTS CAN BE MADE IN PERSON OR MAILED TO OUR OFFICE LOCATED AT 301 B W MAIN ST UNION,SC 29379

Questions about your payment plan? Call our Credit Department (864) 809-0426

PLEASE READ AND UNDERSTAND THIS CONTRACT BEFORE SIGNING THIS DOCUMENT