Sanctuary Bail Bonds
337 N 4th Ave Phx, AZ 85003
O: (602) 224-5247 F:(602) 467-3416

Credit/Debit Card Collateral for Surety Bonds

Attention: _____

Phone Number: _____ Fax Number: _____

1. Fill out the “Indemnity Agreement" form with your complete information in relation to the defendant.
2. On a separate page, make a front and back photo copy of the **credit card** to be charged and your **driver's license** or **state ID** card.
3. Include a billing address for the card to be used:

_____

_____

Credit Card #: _____

CVV# _____ EXP DATE: _____

The signature(s) below acknowledge that a bail bond was posted in the name of:

(Defendant) _____

The fees are:

Collateral amount:	$ _____
Non-Refundable Premium Amount:	$ _____
3% Credit Card Fee	$ _____
Total to be charged to card:	$ _____

The total amount charged to the card will appear on the credit card statement of the cardholder in the name of Sanctuary Bail Bonds, 210 S. 4th Ave. Suite #225 Phoenix, AZ 85003. It is also agree that the charge will not be disputed. If, for any reason, the charge is disputed, I understand that legal actions will be taken against me to recover all monies due, including legal fees incurred by Sanctuary Bail Bonds.

Authorized Signature:_____

Fax, Fed-Ex, Express Mail or Next Day Air all forms back to:

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