Lic# 1843662 La Habra, CA 90631 Fax (562) 309-8016 Lexington National Insurance Corp. 200 E. Lexington St. #501 Baltimore, MD 21202

CREDIT CARD CHARGE AGREEMENT

I authorize Classic Bail Bonds to place a charge on my cr	· · · · · · · · · · · · · · · · · · ·	Visa MasterCard
Name on Credit Card:		Discover
Credit Card Number:		
Expiration Date: Card Ident. The CID is the last three or four digits printed on the back of the cred	ification Number (CID or CVV): _dit card. The CID or CVV is separate from	om the account number.
Billing Address: (Street)		
Billing Address: (City, State, Zip)		
Amount Authorized for this Card: \$		
Cardholder's Signature:	Date:	
CREDIT CARD CHAI	RGE AGREEMENT	
I authorize Classic Bail Bonds to place a charge on my cr		Visa MasterCard
Name on Credit Card:		Discover
Credit Card Number:		
Expiration Date: Card Ident. The CID is the last three or four digits printed on the back of the cred		
Billing Address: (Street)		
Billing Address: (City, State, Zip)		
Amount Authorized for this Card: \$		
Cardholder's Signature:	Date:	

For additional card(s), please duplicate this page, or provide all information on a blank page, including signature.