

CREDIT CARD AGREEMENT
CASTLE BAIL BONDS
20 W. COLUMBIA ST
SPRINGFIELD, OHIO 45502
(937) 323- 2050
1-800-434-6333

I _____
Request CASTLE BAIL BONDS, INC. of Springfield, Ohio to process \$ _____
On credit card # _____, with the
Expiration date of ____/____, to cover the premium of \$ _____
And court cost of \$ _____

I have agreed to pay CASTLE BAIL BONDS, INC. \$ _____ for premium,
To execute a bond in the amount of \$ _____ for the release of
_____ in the _____ county jail.

I understand that the premium of \$ _____ in NON-REFUNDABLE.

I further request CASTLE BAIL BONDS, INC. to process \$ _____ on
Credit card # _____ with the expiration date of
____/____, to hold as collateral until the case for the Defendant is
Exonerated. Upon completion of the case, and notification from the card holder to
CASTLE BAIL BONDS, INC. the \$ _____ being held for
collateral will be credited to the credit card previously described.

CARD HOLDERS SIGNATURE _____

CARD HOLDERS FULL ADDRESS:

CARD HOLDERS PHONE # :

CARDHOLDER PLEASE FAX BACK A COPY OF YOUR DRIVERS

LICENSE & COPY OF THE CREDIT CARD.

THANK YOU FOR YOUR BUSINESS