

CREDIT CARD PROMISE AGREEMENT

Regan Bail Bonds 612 W. Evergreen Blvd. Vancouver, WA 98660 Fax: 360-694-2116 P: 888-787-2245

I, _____, as Co-Signer/Indemnitor for defendant
_____ with the Bail Bond #(s) _____ being held
in the _____ County Jail, give authority to **Regan Bail Bonds** to charge my credit
card(s).

Non-Refundable Premium: \$ _____ **To Be Charged for Collateral:** \$ _____

Plus a Non-refundable credit card processing fees of 4% of amount charged: TOTAL \$ _____

Authority to charge collateral at a later date if the defendant fails to appear in court or conditions of bail agreement are not upheld by the Defendant or the Indemnitor. Bond amount \$ _____

I understand that the premium has been earned by the bonding company upon release of the defendant from custody and will not be returned. I understand that the collateral charged to my card and held as collateral will not be returned until the bonding company has received proper written notification from the court of jurisdiction that the bond is exonerated. I understand any fees associated with this bail bond that arise due to defendants failure to appear in court or violation of bail bond agreement can result in the loss of any and/or all of the collateral charged to my credit card. I understand amount pledged may be charged at any time after notification is received by bonding company of defendant's failure to appear in court and/or violation bail agreement. Funds charged may be used to pay for any fees as a result. This agreement will remain in effect until bond is exonerated and all fees associated with bond are paid in full. I understand that due to the nature of this business I waive my right to charge back.

_____ **(Initials) Recurring payments:** I give Regan Bail Bonds Inc. permission for payments that will be charged automatically to my credit card monthly. This charge is processed on the _____ of the month for the following month's premium payment. Please see Unpaid Premium agreement for monthly installments. This authority for Regan bail Bonds Inc. will remain in effect until we are notified in writing by the account holder

Credit Card Number (s)	Expiration date	Security Code(s)
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Name Printed on Credit Card	Email	Signature of Credit Card Holder
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Address	City	State	ZIP	SS# Card Holder	Today's Date
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