



AMERICAN SURETY BONDS

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CREDIT CARD AUTHORIZATION

Principal Name: _____

Date	Bond Number/ Application ID	Premium	Fees	Credit Card Fee	Total Due

Total _____

Credit Card Information

Card Type: Visa Master Card

Name Exactly as Appears on Card: _____

Card Number: _____

Billing Address: _____

Security Code: _____ Expiration Date: _____

I hereby declare that I am the holder of the credit card listed above, or have been authorized by the holder of said card to use it to pay premium(s) or services provided by American Surety Bonds Agency, LLC. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or associate fails to pay for any part or full amount of these charges. I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

I hereby give my permission to American Surety Bonds Agency, LLC to charge the credit card listed above for the above listed bond(s) or services. By signing this authorization form, I acknowledge that fees, including but not limited to credit card fees and express mail fees, are non-refundable. I also acknowledge that any refund of unearned premium is determined by the Surety at the time of cancellation. All refunds are subject to the terms and conditions of the Surety.

Signature: _____ Date: _____

Written Name & Title: _____