

# POWELL BAIL BONDING

3804-1 Juvenile Center Road  
Castle Hayne, N.C. 28429  
Offc: (910) 762-4114  
Fax: (910) 251-9773

I, \_\_\_\_\_

hereby give Powell Bail Bonding permission to put \$ \_\_\_\_\_ (amount)

on my Mastercard/Visa/Discover/American Express

\_\_\_\_\_ (acct #) exp (\_\_\_\_\_) for bond premium

and/or collateral on

(defendant) \_\_\_\_\_

\_\_\_\_\_  
Seal/Signature

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
CVV code (This is the 3 or 4 digit code on  
reverse of your credit card)

\_\_\_\_\_  
Date