



**Buffalo Bail Bonds Agency (BBBA)**

112 Franklin Street Buffalo, NY 14202 Office 716.713.5040  
 404 Oak Street Suite 292 Syracuse, NY 13203 Office 315.775.7131

**Credit Card Payment Authorization**

Defendant's Name	Bond Amount \$
Jail	Credit Card Number
Name as it appears on card	Expiration Date ____/____
CVC Code	Billing Zip Code
Billing Address	State

I authorize BBBA to charge my credit card in the amount of \$ \_\_\_\_\_.

State amount in words: \_\_\_\_\_

In payment of Judicial Services contracted on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
 Indemnitor's Signature

\_\_\_\_\_  
 Agent's Signature

\_\_\_\_\_  
 Indemnitor's Printed Name

\_\_\_\_\_  
 Agent's Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: Attach a copy of the credit card (front & back) and Card Holder's State issued Drivers License.**  
 Please Fax this completed form to Buffalo Office fax 716.725.0007 or Syracuse Office fax 315.299.6500