



Your Bond Specialists providing License, Bail, and Notary Bonds to ALL the Hawaiian Islands for more than 30 years

Easy Payment Form for License Bonds



550 Halekauwila St., Suite 303 • Honolulu, HI 96813 • voice 808.522.1960 • fax 808.522.1972 • email jim@808bond.com • www.808bond.com

*Print, then fax, email or submit online this form authorizing payment of \$ _____ along with the application of the signed bond agreement.

METHOD OF PAYMENT:

- Check (enclosed)
- Credit Card: Master Card Visa Discover

Credit Card # _____ - _____ - _____ - _____ Expire Date ____ / ____

CVV# _____  (on the back of the card)

- American Express (AMX special boxes different than above)

AMX Card # _____ - _____ - _____ Expire Date ____ / ____

CVV# _____  (on the front of the card)

Cardholder's Name (print): _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize the charging(s) of my credit card as indicated.

By signing this credit card authorization form you are also granting us permission to charge your card and the use of your signature on file for any additional charges that may arise in the future pertaining to your obligation/s as an indemnitor for this \$ _____ license bond(s). The undersigned accepts and agrees to all of the bond terms and financial obligations as stated in the license bond indemnity agreement and acknowledges that they are a part of this credit card authorization form for future charges. I agree to indemnify and hold harmless the surety or its agent for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile copy is considered as if an original.

NOTE: Charges are subject to a processing fee of 3% that will be subtracted from any refund or returns owed, an additional \$150.00 application/posting processing fee may be applied for any cancellation. Premium is fully earned upon the issuing of the bond(s).

I HAVE READ AND AGREE TO ALL OF THE ABOVE.

Card Holder's Signature: _____

Applicant or name on bond _____ Bond number if you know it. _____

Amount of bond \$ _____ Type of bond _____

Phone number: How do we contact you? _____

Amount of premium charged to credit card: \$ _____

Print this form, then fax or email

***After faxing, emailing or submitting payment online, all signed originals must be mailed to:**

**A-1 Bonding, Inc.
550 Halekauwila Street # 303
Honolulu, HI 96813**