



**FREEDOM BAIL BONDING COMPANY, INC.**

**10610 Main Street  
Fairfax, VA 22030**

**Phone: (703) 691-4900 Fax: (703) 385-5003**

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OFFICE USE ONLY: KEYED / PHONED IN APPROVAL CODE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

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Credit Card Number: X \_\_\_\_\_

Expiration Date: X \_\_\_\_\_

Name as appears on card: X \_\_\_\_\_

CVC Code: X \_\_\_\_\_  
(3 Digit code located on back of card)

Billing Address: X \_\_\_\_\_

Billing Zip Code: X \_\_\_\_\_

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I authorize Freedom Bail Bonding Company Inc. to withdraw \$ \_\_\_\_\_ for the bond

of \_\_\_\_\_.  
Print Inmates Name

\_\_\_\_\_  
Card Holder's name

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Date

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