

# CHEROKEE BONDING COMPANY

## CREDIT CARD STATEMENT OF AUTHORIZATION

Cherokee Bonding Co.  
408 E Robinson St  
Gaffney, SC 29340  
864-489-8452

Offender's Name: \_\_\_\_\_

Amount of Bond: \$\_\_\_\_\_ Bond fee: \$\_\_\_\_\_ Amount charged to card: \$\_\_\_\_\_

This letter is to confirm the use of the below listed major credit card to be used for the above described charge. This letter must be completed prior to offender's release to insure proper billing.

Name as it appears on the Credit Card: \_\_\_\_\_

Credit Card Number & Expiration Date: \_\_\_\_\_

exp date: \_\_\_\_\_ security code: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Billing Address for Cardholder: \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Phone Numbers: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please be sure to return this letter along with a copy of both sides of the credit card so that the signature is visible and a copy of your driver's license. Signatures must match in order for us to process charges on the above credit card.

**Please fax to: 864-488-2736**

Office Use Only:

Credit Card Authorization #: \_\_\_\_\_ Initials: \_\_\_\_\_