



GALILEAN INVESTIGATIONS

Payment Processing  
P.O. Box 9486  
Alta Loma, CA 91701  
(888) 444-2642 or (909) 245-0054



Defendant's Name: \_\_\_\_\_

**Credit Card Authorization Form**

<b><u>Credit Card Information # 1</u></b>				
Mastercard	Visa	Discover	American Express	Other
Name as shown on card:				
Card Number:				
Expiration Date (MM/YY):			CVV:	
Address:			Credit Card Zip Code:	
Amount Authorized:				
DL / ID #		Expiration Date (MM/DD/YYYY):		

<b><u>Credit Card Information # 2</u></b>				
Mastercard	Visa	Discover	American Express	Other
Name as shown on card:				
Card Number:				
Expiration Date (MM/YY):			CVV:	
Address:			Credit Card Zip Code:	
Amount Authorized:				
DL / ID #		Expiration Date (MM/DD/YYYY):		

<b><u>Credit Card Information # 3</u></b>				
Mastercard	Visa	Discover	American Express	Other
Name as shown on card:				
Card Number:				
Expiration Date (MM/YY):			CVV:	
Address:			Credit Card Zip Code:	
Amount Authorized:				
DL / ID #		Expiration Date (MM/DD/YYYY):		

I \_\_\_\_\_, authorize Galilean Bail Bonds to charge my credit card(s) above for the agreed upon bail amount. In addition, I will pay the credit card transaction fee of 2.9% + \$0.25 for payments made via invoice, or 3.4% + \$0.25 - for payments made manually with credit card(s). An option of a direct wire has been made available at the chosen expense of my chosen financial institution. The only option to avoid financial processing fees are payments made in cash.

\_\_\_\_\_  
Signature / Date