

4085 CHAI

Local Phone: 20



Bond Amount \$

 Power #

 Collateral Receipt #

APPLICATION FOR BAIL BOND AND INDEMNITY AGREEMENT

Defendant's Booking Name _____ True Name or Alias

1. Indemnitor/Co-Signer Name: _____ Home Phone _____ Cell
 Phone _____
 Address _____ City _____ State _____ Zip
 Code _____
 Social Security # _____ D.L. # _____ D.O.B _____
 Relation _____
 Occupation _____ Employer _____ How Long

 Address _____ Phone No.

 Spouse _____ Cell Phone _____ Work Phone

 Spouse's Occupation _____ Spouse's Employer _____ How
 Long _____
 Spouse's Employer's Address

Bank Name _____ Account Type _____ Checking or _____ Savings Monthly Income

References:

Name	Address	Phone No.
Relationship		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I/WE HAVE READ THE FOREGOING AND FULLY UNDERSTAND THIS AGREEMENT.

I/We certify that the above information is true and correct. I/We also understand and acknowledge that by signing below, I/We am/are agreeing to indemnify and hold the Insurance Company and/or Mr. Bail Inc. and/or it's Agent harmless from any and all cost and expenses that may be incurred by the Insurance Company and/or Mr. Bail Inc. and/or it's Agent in the event that the said defendant fails to appear for any and all court dates. Also I/We further understand that this is an application for a type of credit and authorize a review of my credit history (via) credit reporting agency checks.

_____ Date
Defendant's/ Indemnitor's Signature

_____ Date
Indemnitor's Signature

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE FOUND GUILTY OF A FELONY.