

BOOKIN# _____ JAIL _____

LAST NAME _____ FIRST NAME _____ RACE _____ M - F

DOB: ____/____/____ PHONE # _____

Address: _____ City/State/Zip: _____

POWER NO. _____ DATE POSTED _____ FILE# _____

CHARGE _____

CAUSE NO. _____ COURT DATE _____ COURT _____

BOND AMT \$ _____ FEE \$ _____ PAID \$ _____ BALANCE \$ _____

BILLING: (WEEKLY, BI-WEEKLY, IN FULL) PAYMENTS OF \$ _____ FIRST PAYMENT DUE _____

CHECK IN BY: PHONE / OFFICE STARTING ON: _____

RECEIPT NO. _____ cash credit check POSTING AGENT _____

POWER NO. _____ DATE POSTED _____ FILE# _____

CHARGE _____

CAUSE NO. _____ COURT DATE _____ COURT _____

BOND AMT \$ _____ FEE \$ _____ PAID \$ _____ BALANCE \$ _____

BILLING: (WEEKLY, BI-WEEKLY, IN FULL) PAYMENTS OF \$ _____ FIRST PAYMENT DUE _____

CHECK IN BY: PHONE / OFFICE STARTING ON: _____

RECEIPT NO. _____ cash credit check POSTING AGENT _____

POWER NO. _____ DATE POSTED _____ FILE# _____

CHARGE _____

CAUSE NO. _____ COURT DATE _____ COURT _____

BOND AMT \$ _____ FEE \$ _____ PAID \$ _____ BALANCE \$ _____

BILLING: (WEEKLY, BI-WEEKLY, IN FULL) PAYMENTS OF \$ _____ FIRST PAYMENT DUE _____

CHECK IN BY: PHONE / OFFICE STARTING ON: _____

RECEIPT NO. _____ cash credit check POSTING AGENT _____

CONTACT: _____ PHONE# _____

TOTAL FEES \$ _____ DOWN PAYMENT \$ _____ BALANCE \$ _____

PAYMENTS OF \$ _____ (WEEKLY, BI-WEEKLY, IN FULL) STARTING ON _____

INDEMNITOR APPLICATION "PRINT CLEARLY"

PLEASE WRITE NEATLY

NAME OF PERSON BONDING OUT _____ D.O.B _____ PHONE # _____
 IS DEFENDANT A US CITIZEN: Yes _____ No _____

HOW DID YOU HEAR ABOUT US? (CIRCLE ONE): YELLOW PAGES MOBILE SIGNS INTERNET OTHER _____

Co-Signer's Personal Information: (*ALL SPACES MUST BE COMPLETED. ALL REFERENCES WILL BE VERIFIED*)
 (Any information discovered to be false will be considered a breach of Terms & Conditions)

LASTNAME _____ FIRST NAME _____ RELATIONSHIP _____
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 APT# _____ OWN _____ RENT _____ HOW LONG _____ EMAIL (REQUIRED): _____
 HOME PHONE (_____) _____ CELL PHONE (_____) _____ OTHER PHONE (_____) _____
 DOB _____ SSN# _____ DL#/ID# _____
 VEHICLE (1) TYPE _____ COLOR _____ LIC PLATE# _____
 VEHICLE (2) TYPE _____ COLOR _____ LIC PLATE# _____

DO YOU RECEIVE ANY OF THE FOLLOWING SERVICES: FOOD STAMPS _____ SSI/DISABILITY _____ TANF _____
 NAME OF EMPLOYER _____ OCCUPATION _____ HOW LONG _____
 EMPLOYER ADDRESS _____ WORK NUMBER _____ EXT. _____
 SIGNIFICANT OTHER NAME (SPOUSE, BOYFRIEND/GIRLFRIEND) _____
 SIGNIFICANT OTHER: CELL NUMBER _____ WORK NUMBER _____

REFERENCES- (Family & Friends) That DO NOT Live at Same Location: ALL REFERENCES WILL BE VERIFIED**

1. NAME _____ RELATIONSHIP TO COSIGNER _____
 ADDRESS _____ CITY _____ ZIP CODE _____
 HOME NUMBER _____ CELL NUMBER _____
2. NAME _____ RELATIONSHIP TO COSIGNER _____
 ADDRESS _____ CITY _____ ZIP CODE _____
 HOME NUMBER _____ CELL NUMBER _____
3. NAME _____ RELATIONSHIP TO COSIGNER _____
 ADDRESS _____ CITY _____ ZIP CODE _____
 HOME NUMBER _____ CELL NUMBER _____

INDEMNITOR INFORMATION

- THE INDEMNITOR(S) WILL HAVE THE DEFENDANT(S) FORTHCOMING BEFORE THE COURT NAMED IN THE BOND, AT THE TIME THEREIN FIXED, AND MAY BE FURTHER ORDERED BY THE COURT.
- THE INDEMNITOR(S) IS RESPONSIBLE FOR ANY AND ALL LOSSES OR COSTS OF ANY KIND WHATSOEVER WHICH THE SURETY MAY INCURR AS A RESULT OF THIS UNDERTAKING. THERE SHOULD NOT BE ANY COSTS OR LOSSES PROVIDED THE DEFENDANT(S) DOES NOT VIOLATE THE CONDITIONS OF THE BOND AND APPEARS ON TIME AT ALL REQUIRED COURT HEARINGS. IF A REINSTATEMENT OF A BOND IS NEEDED THERE IS A \$100.00 REINSTATEMENT FEE.
- COLLATERAL: WILL BE RETURNED TO THE PERSON(S) NAMED IN THE COLLATERAL RECEIPT FROM ONLY, THE COLLATERAL RECEIPT FORM COPY MUST BE RETURNED IN ORDER FOR COLLATERAL TO BE RETURNED, THERE ARE NOT EXCEPTIONS.
- **If the defendant is a non-us citizen, posting a bond does not guarantee that defendant will be released. Any fees paid toward release will not be refunded. In the event Dallas County Jail accepts the bond and the defendant is not released the co-signer is liable for the bond until the case is closed. INITIAL HERE: _____**
- **REFUNDS: THERE IS AS \$40.00 ADMINISTRATION FEE THAT WILL BE APPLIED PER EACH BOND POSTED, TYPED OUT OR ANY PAPERWORK COMPLETED. REFUND CHECKS WILL ONLY BE MADE OUT TO THE PERSON WHOSE NAME IS ON THE RECEIPT ON MONDAY AND WEDNESDAY BETWEEN 9AM AND 4PM. ALL BOND PAPERWORK MUST BE TURNED INTO THE OFFICE WITH MONEY ORDER. NO REFUND ON IMMIGRATION HOLDS. BONDS ON IMMIGRANTS ARE COLLECTED IN FULL. 50% OF THIS AMOUNT WILL BE REFUNDED IF THE CASE IS DISPOSED**

INDEMNITOR ACKNOWLEDGMENT

I HAVE READ AND RECEIVED A RECEIPT OF MONIES, I UNDERSTAND AND AGREE THAT SHOULD ANY BREACH OF THE CONDITION LISTED ABOVE OCCUR, I REQUEST/CONSENT THAT THE PRINCIPAL (DEFENDANT) BE SURRENDERED BY AA-BEST BAIL BONDS AND AGREE TO PAY ALL COST INCURRED BY AA-BEST BAIL BONDS AS A RESULT OF THIS UNDERTAKING. THE UNDERSIGNED HEREBY WARRANTS THAT THE DECLARATIONS MADE AND ANSWERS GIVEN IN THE APPLICATION FOR BAIL BOND(S) ARE THE FULL AND COMPLETE TRUTH. ANY PERSON WHO INCLUDES FALSE OR MISLEADING INFORMATION ON THE APPLICATION FOR BAIL BONDS MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AS PROVIDED BY TEXAS STATE LAW.

X _____ DATE _____
INDEMNITOR SIGNATURE YOU WILL ALSO NEED TO PROVIDE A VALID ID/DRIVER'S LICENSE AND VALID PROOF OF ADDRESS SUCH AS A WATER BILL, AUTO INSURANCE OR ELECTRIC BILL

Albert Saenz, Agent, Bankers Insurance Company

BAIL BOND INDEMNITOR'S PROMISES

****** Read Carefully, You Are Assuming Specific Obligations!!! ******

Defendant's name _____ Power # _____

Indemnitor's name _____ Court _____

Home address _____ Soc. Sec # _____

City _____ State _____ Zip Code _____ Home Phone () _____

Employer _____ DL# _____

Work Address _____ Work Phone () _____

City _____ State _____ Zip Code _____ DOB _____

1. **Consideration:** The consideration or cause of this agreement is the posting of a bail bond by surety on behalf of defendant in the above named court.
2. **Indemnification:** I, the undersigned hereby agree to save and hold the surety and its agents and/or assigns from any loss whatsoever resulting from the failure of the above named defendant named defendant to appear in court as ordered. I, the undersigned, hereby agree to pay all cost (**\$500.00 minimum charge**) associated with the failure of the above named defendant to appear in court as ordered, in U.S. Currency to surety, its agents and/ or assigns upon the failure of the above named defendant to appear in court as ordered. A copy of a judgment of bond forfeiture naming the above name defendant shall be prima facie evidence of loss sustained by surety and its agent and /or assigns.
3. **Jurisdiction and Venue:** I, the undersigned, hereby agree and stipulate that any Court of proper jurisdiction where the bail bond is posted is a convenient and proper forum to litigate any dispute under this agreement.
4. **Authorization.** I hereby authorize the holder of this instrument to utilize any information given above to pursue the collection of any debt that may be owed.
5. **Attorney's Fees.** I, the undersigned, hereby agree to pay all court costs and attorneys fee in the event this matter is turned over to an attorney for collection, which attorney's fees shall be 33 1/3% of the subject matter of the litigation
6. **Severability.** The provisions of this agreement are severable and if for any reason any provision of this agreement shall be declared invalid or unenforceable, then such provision or provisions shall be considered as not written and the remainder of this agreement shall remain valid and enforceable.

 Indemnitor's Signature

Promissory Note

\$ _____ Date _____ 20_____

For value received, I the undersigned, unconditionally promise to pay to bearer on demand the amount of _____

_____, with interest after demand in the amount of 12%. The maker of this note and endorsers, guarantors and sureties heron, hereby severally waive presentment for payment, notice of non-payment, protest notice of protest, citation and service of petition, all legal delays and confess judgment in favor of any legal holder, and all pleas of division and discussion, and agree that the time of payment hereof may be extended from time to time, one or more times, without notice of extension or extensions and without previous consent hereby binding themselves in solido, unconditionally, and as original promisors, for the payment thereof in principal, interest, cost and attorney fees. No delay on the part of the holder hereof and exercising any rights hereunder shall operate as a waiver of such rights.

Should this note not be paid at maturity or when due or demandable, as herein provided, or should this note be placed in the hands of an attorney for any reason the makers, endorsers, guarantors and sureties and each of them hereby agree to pay the fees of such attorney, which are hereby fixed at 33 1/3% on the amount due on the note together with interest and all costs (\$500.00 minimum charge.)

A married person signing this note is acting for and on behalf of the community of acquets and gains existing between him/her and his/her husband/wife and also binds him/her with respect to his/her separate and paraphernal property.

The provisions of this note are severable and if for any reason any provision of this note shall be declared invalid or unenforceable, then such provision or provisions shall be considered as not written and the remainder of this note shall remain valid and enforceable.

 Right thumbprint

 Indemnitor's signature

PROMISSORY NOTE

FOR A VALUABLE CONSIDERATION, the receipt and sufficiency of which is Hereby acknowledged, myself, as principal, promise to pay to the order of **ALBERT SAENZ, d.b.a., AA-BEST BAIL BONDS** in the city of Dallas, Dallas County, Texas, the total sum of (each bond amount listed 1. _____ 2. _____ 3. _____ 4. _____) _____ DOLLARS of Ten Percent (10%) per annum from date until paid on all bonds.

This note is due and payable in full as follows at the election of the holder:
WITHOUT DEMAND or notice upon the forfeiture of the Bail Bond of

In the county, _____
Or, UPON DEMAND, and a demand upon maker of the note shall be sufficient
Notice as a demand upon all said makers, whether made orally or in writing.

IT IS EXPRESSLY agreed and provided that upon default in the punctual payment of this note when it becomes due and payable (punctual payment shall mean not to exceed five (5) days after the note becomes due and payable as provided above) then an additional sum as reasonable collection fees shall be added to said principal and interest, and further more, if the same is placed in the hands of an attorney for collection, then the undersigned agree to and promise to pay an additional sum as a reasonable attorney's fee, which in no event be less than Twenty Percent (20%) of the principal and interest then owing.

IT IS EXPRESSLY agreed and provided that after this note becomes due and payable, the holder hereof may agree with any of us to accept partial payment or payments in installments and such agreement of payments shall not affect the liability of the other makers who shall remain bound for the payment hereof. Venue of an action on this note shall be in **Dallas County, Texas.**

IT IS EXPRESSLY agreed and provided that if suit is necessary for collection of this note, the holder hereof may sue and all of the undersigned and any party not served with citation therein shall not be released but shall remain bound for the payment hereof.

PRINCIPALS HEREBY acknowledge receipt of a copy of this Promissory Note and have read and understand the provisions of the same before signing it.

Dated this _____ day of _____, _____

Principal Signature

Print Name

Principal "cosigner" Signature

Print Name

Principal "cosigner" Signature

Print Name

Principal "cosigner" Signature

Print Name

PROMISSORY NOTE (SHORT)

BALANCE \$ _____ DATE: _____

For value received, I, we, or either of us as principals, promise to pay to the order of Albert Saenz d.b.a. AA-Best Bail Bonds in the city of Dallas, Dallas County, Texas the sum

of: _____ Dollars

(\$ _____), in legal and lawful money of the United States of America,

with interest thereon from date hereof until maturity at the rate of 0% per annum: the interest payable _____; matured unpaid principal and interest shall bear interest at the rate of ten percent(10%) per annum from date of maturity until paid. **This note is due as follows, to-wit:**

TO BE PAID AS FOLLOWS: WEEKLY

PAYMENTS OF \$ _____ STARTING ON _____

UNTIL PAID IN FULL. COSIGNER IS RESPONSIBLE FOR PAYMENTS ALSO.

It is expressly provided that upon default in the punctual payment of this note or any part thereof, principal or interest as the same shall become due and payable, the entire indebtedness evidenced hereby shall be matured, at the option of the holder. In the event this Note, or any part hereof, is collected through probate, Bankruptcy, or either judicial proceedings by an attorney or is placed in the hands of an attorney for collection after maturity, then the undersigned agree and promise to pay a reasonable attorney's fee for collection, which in no event shall be less than ten percent (10%) of the principal and interest then owing.

Each maker, surety and endorser of this note expressly waives all notices, demands for payment, presentations of payment, notices of intention to accelerate the maturity, protest and notice of protest, as to the this note and as to each, every and all installments hereof, and each consents that the payee or other holder of this note may at anytime, and from time to time, upon request of or by agreement with myself, extend the date of maturity hereof or change the time or method of payments without notice to any of the other makers, sureties or endorsers, who shall remain bound for the payment hereof.

Signature (PRIMARY) _____ Print name _____

Signature (co-signer) _____ Print name _____

Signature (co-signer) _____ Print name _____

Signature (co-signer) _____ Print name _____

Signature (defendant) _____ Print name _____

BONDING REGULATIONS

****DEFENDANT MUST REPORT TO OFFICE** in person within 24 HOURS of release from JAIL or Best Bail Bonds **WILL SURRENDER** the bond(s) and issue a **WARRANT** for the defendant's arrest. Any and ALL FEES paid by the defendant and/or indemnity will be forfeited if Defendant fails to report and sign all documents required.

*****NEVER LEAVE OUR OFFICE WITHOUT A RECEIPT OF ANY PAYMENT MADE*****

Defendant and Indemnity hereby agree that AA-Best Bail Bonds will SURRENDER bond(s) in the event that the defendant:

_____/_____ FAILS TO REPORT IN BY PHONE OR IN PERSON EVERY _____ UNTIL THE CAUSE IS RESOLVED IN COURT AND WE HAVE RECEIVED COPIES OF THE COURT DOCUMENTS FROM THE DEFENDANT. ***See bottom of page for details on reporting in***

_____/_____ FAILS TO PAY FOR THE BOND FEE AS AGREED UPON.

_____/_____ CHANGES ADDRESS OR PHONE NUMBER OR EMPLOYMENT WITHOUT NOTIFYING BEST BAIL BONDS. This also applies to the references and indemnity(s) given at time of release.

_____/_____ LEAVES THE COUNTY FOR EXTENDED PERIODS OF TIME WITHOUT NOTIFYING BEST BAIL BONDS.

_____/_____ FAILS TO ADVISE BEST BAIL BONDS OF ANY AND ALL CHARGES THAT ARE PENDING IN ANY OTHER COUNTY IN OR OUT OF THE STATE OF TEXAS.

_____/_____ FAILS TO NOTIFY BEST BAIL BONDS OF ANY AND ALL COURT DATES BEFORE AND AFTER COURT.

_____/_____ MISLEAD OR GIVE FALSE INFORMATION AT ANY TIME, VERBAL OR WRITTEN, WHILE ON BOND.

_____/_____ IF THE DEFENDANT COMMITS AN ACT WHICH WILL CONSTITUTE REASONABLE EVIDENCE OF DEFENDANTS INTENTION TO CAUSE A FORFEITRE OF BAIL BOND(S)

Any bonds posted are made as an obligation of the corporate surety Bankers Insurance Company, DBA, Albert Saenz, AA Best Bail Bonds

FORFEITURE

In the event that said bail bond(s) be forfeited for any reason, SURETY SHALL HAVE TO PAY SAID BOND. The indemnifying party agrees to indemnity and hold harmless said Surety from any such liability to pay by any reason of any failure of the named defendant to comply with the terms stated above, of said bond(s).

DATE OF RELEASE: _____

DEFENDANT: _____ INDEMNITY: _____

BOND AMOUNT: \$ _____, \$ _____, \$ _____, \$ _____, \$ _____

BOND FEE: \$ _____ AMOUNT PAID: \$ _____ BALANCE: \$ _____ REC#: _____

PAYMENTS TO BE MADE AS FOLLOWS: \$ _____ TO BE PAID EVERY _____,

BEGINNING _____, UNTIL FEE IS PAID IN FULL.

DEFENDANT AND INDEMNITY HAVE SIGNED AND AGREED ON SPECIFIC OBLIGATIONS. PLEASE READ THEM CAREFULLY.

Defendant Signature _____

Indemnitor Signature _____

*****ALL DEFENDANTS ARE REQUIRED TO CHECK IN THROUGH THE MOBILE APPLICATION, UNLESS WRITTEN AUTHORIZATION IS PROVIDED BY THE SURETY. THE APP CAN BE DOWNLOADED IN GOOGLE PLAY OR ITUNES. FAILURE TO DOWNLOAD AND CHECK IN VIA MOBILE APP IS A VIOLATION OF BONDING REGULATIONS AND MAY RESULT IN SURRENDER OF BONDS BY SURETY. FOR ASSISTANCE WITH DOWNLOADING THE APPLICATION OR TO GET A VALID CHECK IN CODE, PLEASE CONTACT THE OFFICE IN WHICH YOU POSTED BOND.**

The agent closing this application has verified that all documentation has been fully completed by the indemnitor and defendant and that copies of a valid ID/driver's license, proof of address (water bill, auto insurance, or electric bill) have been collected and substantiated.

Agent _____

AA-BEST BAIL BONDS
DEFENDANT TERMS AND CONDITIONS

AA- Best Bail Bonds, shall have control and jurisdiction over the Defendant during the term for which the bail bond(s) is executed and shall have the right to apprehend, arrest, and surrender the defendant to the proper officials at any time as provided by law.

DEFENDANT INFORMATION (*ALL SPACES MUST BE COMPLETED. ALL REFERENCES WILL BE VERIFIED*)

(Any information discovered to be false will be considered a breach of Terms & Conditions)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
HOME PHONE (____) _____ CELL PHONE (____) _____
EMAIL (REQUIRED): _____
DOB _____ SSN# _____ DL# _____ or ID# _____ WGT _____ HGT _____

PLEASE IDENTIFY ALL VISIBLE SCARS, TATTOOS, and PIERCINGS:

(LT/ARM) _____ (RT/ARM) _____ (LTLEG) _____
(RTLEG) _____ (NECK) _____ (FACE) _____

VEHICLE/S YOU OWN OR BORROW FOR TRANSPORTATION:

VEHICLE MAKE (1) _____ MODEL _____ COLOR _____ LIC PLATE# _____
VEHICLE MAKE (2) _____ MODEL _____ COLOR _____ LIC PLATE# _____

EMPLOYMENT _____ DEPT _____ HOW LONG _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
POSITION _____ WORK PHONE (____) _____ EXT. _____

IF MARRIED- NAME OF SPOUSE _____ IF OTHER – NAME OF BOYFRIEND/GIRLFRIEND _____
EMPLOYMENT _____ DEPT _____ WORK PHONE (____) _____
CELL PHONE (____) _____ OTHER PHONE (____) _____

REFERENCES- (Family & Friends) That DO NOT live at same location:(ALL References will be Verified. Any information discovered to be false will be considered a breach of Terms & Conditions)

1. NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
HOME PHONE (____) _____ CELL PHONE (____) _____ OTHER PHONE (____) _____
2. NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
HOME PHONE (____) _____ CELL PHONE (____) _____ OTHER PHONE (____) _____
3. NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
HOME PHONE (____) _____ CELL PHONE (____) _____ OTHER PHONE (____) _____
4. NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
HOME PHONE (____) _____ CELL PHONE (____) _____ OTHER PHONE (____) _____

DISCLOSURE: For good and valuable consideration, the undersigned principal hereby agrees to indemnify and /or hold harmless AA-Best Bail Bonds or its Agent for any and all losses by reason of any failure of the named defendant to comply with the terms and conditions stated above. If a reinstatement of a bond is needed, there is a **\$100.00** reinstatement fee. If the defendant is a resident from another state, the bonding fee will be **20%** of the amount of the bond, **15%** if a resident from another county.

In addition, the Defendant hereby authorizes and directs his relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue Service, the state Department of Disability Insurance, the United States Armed Forces, the State Division of Motor Vehicles, all Municipal, County, State and Federal Law Enforcement Agencies and any other persons or organizations having information concerning the defendant's whereabouts to give such information to AA-Best Bail Bonds and its assigns and/or duly authorized representatives. The Defendant understands that any information obtained will be used for the purpose of securing his or her appearance and/or apprehension for court appearance, and for the purpose of securing reimbursement for any expenses incurred as a result of Defendant's non-appearance. The defendant hereby waives his or her rights with respect to the Privacy Act and authorizes the use of copies of this document by AA-Best Bail Bonds and its assigns and/or authorized representatives. Albert Saenz, Agent, Bankers Insurance Co. does business as AA Best Bail Bonds.

Signature of Defendant (applicant)

_____ DATE _____

Agent Initials _____

BAIL BOND PREMIUM PROMISSORY NOTE

**** Read Carefully, You Are Assuming Specific Obligations!!! ****

Name _____	Court _____
Home address _____	Soc. Sec # _____
City _____ State _____ Zip Code _____	Home Phone () _____
Employer _____	DL# _____
Work Address _____	Work Phone () _____
City _____ State _____ Zip Code _____	DOB _____

7. **Consideration:** The consideration or cause of this promissory note is the posting of a bail bond on credit by surety on behalf of a criminal defendant in the above named court.
8. **Jurisdiction and Venue:** I, the undersigned, hereby agree and stipulate that any Court of proper jurisdiction where the bail bond is posted is a convenient and proper forum to litigate any dispute under this agreement.
9. **Authorization.** I hereby authorize the holder of this instrument to utilize any information given above to pursue the collection of any debt that may be owed.

Promissory Note

\$ _____

Date _____ 20_____

For value received, I the undersigned, unconditionally promise to pay to bearer on demand the amount of

_____, with interest after demand in the amount of **24%**. The maker of this note and endorsers, guarantors and sureties heron, hereby severally waive presentment for payment, notice of non-payment, protest, notice of protest, citation and service of petition, all legal delays and confess judgment in favor of any legal holder, and all pleas of division and discussion, and agree that the time of payment hereof may be extended from time to time, one or more times, without notice of extension or extensions and without previous consent hereby binding themselves in solido, unconditionally, and as original promissors, for the payment thereof in principal, interest, cost and attorney fees. No delay on the part of the holder hereof and exercising any rights hereunder shall operate as a waiver of such rights.

Should this note not be paid at maturity or when due or demandable, as herein provided, or should this note be placed in the hands of an attorney for any reason the makers, endorsers, guarantors and sureties and each of them hereby agree to pay the fees of such attorney, which are hereby fixed at **25%** on the amount due on the note together with interest and all costs (\$500.00 minimum charge.)

A married person signing this note is acting for and on behalf of the community of acquets and gains existing between him/her and his/her husband/wife and also binds him/her with respect to his/her separate and paraphernal property.

The provisions of this note are severable and if for any reason any provision of this note shall be declared invalid or unenforceable, then such provision or provisions shall be considered as not written and the remainder of this note shall remain valid and enforceable.

Right thumbprint

Signature

NOTICE REGARDING ALIENS WHO MAKE BOND

An alien incarcerated for criminal charges in the United States may be subject to detention and deportation by the United States government. Detention and deportation are particularly likely for aliens who are in the United States illegally.

Bonds for criminal charges **have no effect** on detention and deportation proceedings or possibilities. An alien who makes bond on all state criminal charges **may, in some cases, never obtain release from jail before disposing of his or her criminal case.** Furthermore, he or she may be subject to deportation at any time.

An alien making a bail bond and his or her bondsman may remain liable on the bond when the alien fails to appear for court due to deportation from the United States.

Finally, it should be noted that anyone who encourages or aids an alien to enter or reenter the United States illegally may be subject to criminal prosecution, as may anyone who encourages or aids an alien to intentionally or knowingly fail to appear for court proceedings as promised in a bail bond.

NOTIFICACIÓN REFERENTE A PERSONAS INDOCUMENTADAS QUE UTILIZAN FIANZAS

Una persona indocumentada que haya sido encarcelada por cargos criminales dentro de los Estados Unidos, puede ser detenida y deportada por el gobierno federal. La detención y deportación son muy probables para aquellas personas que estén de manera ilegal en los Estados Unidos.

Las fianzas para cargos criminales **no tienen efecto alguno** en los procedimientos o posibilidades de detención y/o deportación. Una persona indocumentada que utiliza una fianza en cualquier cargo criminal **podría, en algunos casos, no ser puesto en libertad antes de que se completen los procedimientos** de su caso, e incluso, podría ser deportada en cualquier momento.

Una persona indocumentada que utiliza una fianza y su afianzador o afianzadora, pueden ser hechos responsables de cubrir la fianza cuando la persona indocumentada no se presente ante la corte debido a que haya sido deportada.

Finalmente, se debe aclarar que cualquier persona que ayuda o incentiva a que una persona indocumentada ingrese o reingrese de manera ilegal a los Estados Unidos, puede ser perseguida criminalmente. De la misma manera, también se puede perseguir criminalmente a cualquier persona que incentiva o ayuda a que una persona indocumentada, con conocimiento o de manera intencional, no se presente a corte de acuerdo a lo prometido en su fianza.

Indemnitor: _____ Date: _____ Time: _____

Indemnitor: _____ Date: _____ Time: _____

Indemnitor: _____ Date: _____ Time: _____

Defendant : _____ Date: _____ Time: _____

Opening Agent: _____ Date: _____ Time: _____

Closing Agent: _____ Date: _____ Time: _____



P.O. BOX 33015 ■ St. Petersburg, FL 33733

727 823 4000 ■ 800 627 0000 ■ FAX 727 803 4076

AUTHORIZATION TO RELEASE LETTER

I, _____ hereby authorize any person, agency, partnership, or corporation having any information concerning my character and financial reputation, to release such information to Bankers Surety Services, Inc., and Bankers Insurance Company. This information is to be used for possible contractual agreement between myself and Bankers Surety Services, Inc./Bankers Insurance Company and will not be available for public inspection.

I hereby waive any and all rights I may have under Title 28 Privacy Act-Freedom of Information Act, Title 6, Fair Credit reporting Act and any such local or State law. I consent to and authorize, without reservation, Bankers Surety Services, Inc. and Bankers Insurance Company or its agent, to obtain any and all private or public information and records concerning me from any party or agency, private or government (local, State, Federal), including, but not limited to Social Security Records, criminal records, driving records, telephone records, medical records, school records, credit reports, worker compensation records, employment records.

I hereby release such person, agency, partnership, or corporation from liability which may be incurred in releasing this information to Bankers Insurance Company and Bankers Surety Services, Inc., including liability under Federal Law.

Social Security Number

Signature

Address:

Zip Code: _____

Date: _____

BEST BAIL BONDS

I authorize Best Bail Bonds to charge my credit card account:

For the Amount of \$ _____

For Surety Bond(s) on _____

I accept responsibility for ALL charges, penalties and fees for this bond (s).

Billing address for account is:

Name (as it appears on card) _____

Street Address _____

City, State _____

Zip Code _____

Home Telephone Number _____

Business Telephone Number _____

Drivers License Number _____

Expiration Date _____ Date of Birth _____

Name as it appears on Credit Card _____

Credit Card No. _____ Exp. _____

Please send a copy of both sides of credit card and of drivers license

I authorize AA Best Bail Bonds to process a (please circle) one time / recurring payment for the above account to be applied to his or her outstanding balance.

SIGNATURE OF CARD HOLDER _____