914

PROFESSIONAL BAIL BONDING

5053 HWY 69 SOUTH BEAUMONT, TX 77705 (409) 729-7778 • Fax (409) 722-7590

INDEMINITOR INFORMAT	ION RE:	0. 0	Da	ite:
Name:	Date of Birth:	SS #:		D.L.#
Ph #:	Pager #:	\$100 h	_Cellular #:	
Mailing Address:	4.14.	City:	St:	Zip:
Physical Address:		City:	St	Zip:
How long at address: Own: _	Rent: Mor	tgagee or Landlord:	Prev.	Address
Employer:	Address:	W190-2-2-1-1	Ph #:	How Long:
Relation to Defendant:	How Long have y	you known Defendant? _	Other	· Income:
Property Owned:	Utilities: Gas	Phone Cable Electric	Bank:	
Auto:	Color: Li	icense Plate	Finance Co	
Spouse/Boyfriend/Girlfriend		Address:		Phone:
	PERSO	DNAL REFERENC	ES_	
Name/	Address:	11	Ph:	Wk:
Name:A	ddress:		Ph:	Wk:
CONTRACTU	AL AGREEMENT F	OR INDEMNITOR	R/CO-SIGNER	/GUARANTOR
The undersigned will at all times indedemands liabilities, costs, collection or ime sustain or incur and as well from executed such bond or undertaking ingood the surety, its successors and a expense, suit, order, degree payment he surety shall be required to pay the surety may pay or incur in any legal por any legal fees and/or disbursement	osts, charges, legal fees, on all orders, decrees, judge to behalf of and/or at the in- ssigns all sums and amout and/or any other bonds or ereunder. The liability for roceedings, including in pro-	disbursements and experements and adjudication stance of the indemnitor (unts of money required to rundertaking executed in regal fees and disburse roceedings in which the stance.	nses of every kind a against the surety l (s) (or any of them) o meet every claim, half of and/or at the ements includes all	and nature, which the surety shall a by reason or in consequence of h and will payover, reimburse and demand, collection costs, liability e instance of the indemnitor and b legal fees and disbursements tha
UNDERSTAND BY SIGNING BELO THE DEFENDANT IS NOT PRESEN SPECIFIED BY COURT. I UNDERS I give Professional Bail Bonding perm Bond fee must be paid in full regardle	T FOR EACH COURT SI TAND I AM ALSO RESPO hission to contact me at ho	ETTING WHEN HIS/HER NSIBLE FOR THE BONI ome or work as necessar	R NAME IS CALLE D FEE IF THEY AR	ED IN DESIGNATED COURT AT RE NOT PAID BY DEFENDANT.
have read and do understand the	terms and conditions lis	sted above. Signature	of Indemnitor	
		Signatur	e of Agent:	