

UNPAID PREMIUM AGREEMENT

Defendant Name: _____ Date: _____

Bail Amount : \$ _____

Premium Amount: _____

Misc. Fees: _____

TOTAL DUE: _____

Less Amount Paid: _____

BALANCE DUE: _____

*NOTE: After 90 days, all unpaid balances will be subject to 18% interest per annum.

The undersigned promises to pay the Balance Due of \$ _____ in installments of \$ _____ per week / month, with the first installment due on _____, and all subsequent installments due as follows:

I have deposited as security (**collateral) against this premium balance:

**All collateral held by Patel Bail Bonds is guaranteeing not only the bail bond, but the payment of all premiums.

I (we) have obtained a bail bond for the release of the above named defendant and I (we) promise to pay the Balance Due as prescribed above. I (we) understand that if my payments are not received at the address stated below within five days of the scheduled due date, I (we) will be charged a ten percent (10%) late charge based on the scheduled payment amount. Should my account become over 30 days past due, a demand for full payment may be made at that time. Any and all legal/collection fees associated with my account will be my responsibility.

All payments should be mailed or brought in to:

PATEL BAIL BONDS

5220 Clark Ave., Suite #100-D,

Lakewood, CA 90712

Tel: 1-800-598-2245

I HAVE READ AND AGREE WITH THE ABOVE DECLARATIONS

INDEMNITOR SIGNATURE

PRINT NAME

DATE

INDEMNITOR SIGNATURE

PRINT NAME

DATE

INDEMNITOR SIGNATURE

PRINT NAME

DATE

DEFENDANT SIGNATURE

PRINT NAME

DATE