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BA1845138 INS. LIC

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PLEASANTON, CA 94566
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ORIGINAL PROMISSORY NOTE FOR BAIL BOND PREMIUM

$ _____ _____ _____
Bail Bond Premium | City and State | Date

On demand after date for value received, I promise to pay to the order of Bail Area Bail Bonds/Reese Bail Bonds the sum of $_____ with interest from (Date) _____ of on bail bond premium(s) and/or any additional fees or expenses incurred by way of the Indemnity Agreement For Surety Bail Bond, until paid at the rate of 10% per annum payable on demand, plus reasonable attorney's fees, court cost, and cost of collections.

Should interest not be so paid it shall thereafter bear like interest as the principal, but such unpaid interest so compounded shall not exceed an amount equal to simple interest on the unpaid principal, at the maximum rate permitted by law. Should default be made in payment of interest when due the whole sum of principal and interest shall become immediately due, at the option of the holder of this note. Principal and interest payable in lawful money of the United States. If action be instituted on this note, I promise to pay such sum as the Court may fix as attorney's fees and private investigation fees, court assessments, bail premiums, and all other losses sustained by BAIL BOND AGENCY.

It is here by fully agreed and understood by all parties hereto that this document shall be an integral part of Indemnity Agreement for Surety Bail Bond (Dated) _____to which agreement this amendment is appended, incorporated fully, and made a part thereof for all purposes.

It is understood and agreed by the indemnitors, co-signers and defendant that the premium is fully earned when the defendant is released from custody on this bail bond(s).

Further that all collateral held by BAIL BOND AGENCY is also guaranteeing not only the bail bond but the payment of all premium.

Bond Number: _____ Amount: $_____
Bond Number: _____ Amount: $_____
Bond Number: _____ Amount: $_____

Premium Amount	Misc. Fees	Total	Received	Balance Due

Payment Amount	Payment Due On
Payment Amount	Payment Due On

← Terms →

← Terms →

Payment Amount	Payment Due On
Payment Amount	Payment Due On

Indemnitor: _____ Date: _____
Indemnitor: _____ Date: _____
Co Signer: _____ Date: _____
Defendant: _____ Date: _____