



# Your **FIRST CALL** to **FREEDOM**

24/7 • (866)740-BOND(2662) • GUARANTEED FINANCING

## Directions on Filling out Bonding Forms

### **Promissory:**

Please read the promissory carefully and then write the defendant's first and last name on the line provided in the second paragraph. In the third paragraph, you will put the amount you are paying on the "paid" line. If you owe anything, put that amount on the "owe" line. Once that is completed, fill all of YOUR information out on the bottom lines provided and sign your name.

### **Bond Contract:**

Please read this contract carefully. By completing and signing this form you are acknowledging that you understand the contract. You must fill out the information for both your credit/debit card and your bank account information.

### **Front of Envelope:**

Please fill out as much about the defendant as you can, making sure you complete each section (children, place of employment, etc.). Once the form is thoroughly filled out, you **MUST** sign on the very bottom.

### **Back of Envelope:**

Each co-signer must put their information and sign on the provided line(s)

### **Credit Card:**

Please fill out all the information required and sign the bottom of the form.

### **Office Number:**

Banks Bail Bonds 313-962-2935

Calvert Bail Bonds 810-985-0093

### **Fax:**

888-783-8594

### **Email:**

Banksbailbonds@yahoo.com / Calvertbailbonds@yahoo.com



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## Banks Bail Bonds Contingency Promissory Note

I promise to pay to the order of Banks Bail Bonds \$\_\_\_\_\_ with interest at \_\_\_\_\_ per annum after date until paid, if defendant fails to appear to any court dates or violates any bond conditions. This note is given for the purpose of securing Banks Bail Bonds against a contingent liability by reason of the said Banks Bail Bonds arranging, executing, continuing or causing to be executed or continued upon the request of thee undersigned, a bond. For the purpose of securing Banks Bail Bonds against any losses, expenses, or damages pertaining to recovering fugitive. I understand that collateral can be sold for the balance of bond if I do not uphold my contract with Banks Bail Bonds. I also agree to pay any type of legal fees in regards to collections on the defendant.

I understand that in signing this bond for obtaining the release for: \_\_\_\_\_ (*defendant's name*) that I am responsible for him/her appearing in Court each time he/she is so ordered: also if he/she fails to follow any and all instructions or orders of the Court or Forfeits this bond, and it becomes necessary to apprehend and surrender him/her to the Court. I understand that I am required to pay any and all expenses incurred as a result of such forfeiture. I further understand that I am required to pay a fee to revoke a bond or to be relieved from the responsibilities of the bond before defendant fails to appear. I will contact bonding company when case is finished or I will be charged \$50.00.

I understand that the premium owing and/ paid on this bond is fully earned upon the bond posting for the defendant. The fact that the defendant may have been improperly arrested, or his/her bail reduced, or his/her case dismissed, or holds occurring, shall not obligate the return or forgiveness of any portion of the premium. If defendant fails to appear I will pay full amount of bond. In some cases bonds can be posted to get the defendant to the next court and they may not get released. Premium is still earned.

### IMPORTANT NOTICE: NO PREMIUM IS EVER REFUNDED

Paid \$ \_\_\_\_\_ Owed \$ \_\_\_\_\_ — \$ \_\_\_\_\_ will be paid weekly/bi-weekly until paid in full

### \* 30 DAY WAITING PERIOD FOR EXONERATED BOND FOR COLLATERAL TO BE RETURNED

I understand that I am responsible to make payments for the money due on premium as agreed upon. Finance charges are computed on unpaid balances weekly, every month at a rate of \_\_\_% per annum. There is a 25.00 late fee on all schedule payments not received within 5 days of date due.

I agree to notify Bail Bond agency within 48 hours of any changes in address, phone number, or jobs. I am required to pay the amount of bail premium every year in advance hereafter until surety is discharged.

### I HAVE READ AND AGREE WITH THE ABOVE DECLARATION AND UNDERSTAND MY RESPONSIBILITIES AND OBLIGATIONS AS INDEMNITOR.

**X** \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Ph # \_\_\_\_\_ Cell # \_\_\_\_\_  
DOB \_\_\_\_\\_\_\_\_\\_\_\_\_ SSN# \_\_\_\_\\_\_\_\_\\_\_\_\_  
Job \_\_\_\_\_  
Job address \_\_\_\_\_  
Job Ph# \_\_\_\_\_

**X** \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Ph # \_\_\_\_\_ Cell # \_\_\_\_\_  
DOB \_\_\_\_\\_\_\_\_\\_\_\_\_ SSN# \_\_\_\_\\_\_\_\_\\_\_\_\_  
Job \_\_\_\_\_  
Job address \_\_\_\_\_  
Job Ph# \_\_\_\_\_

\* Please send a copy of Drivers License and Check Stub, plus Bank Statement or Credit Card.



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## Bond Contract

### Instructions for clients on bond:

877-333-0789 is the check-in number. You must call in every Monday to check-in. This is an automated system and it is recommended that you save this number in your phone and call right when you wake up in the morning. There is a \$25.00 charge for every missed call-in, and must be paid before the next check-in date. If not paid, an additional \$25.00 will be charged weekly until paid up to date. You must call 877-333-0789 EVERY MONDAY, including holidays. The automated system runs only on MONDAYS. Additional charges of \$25.00 will be processed for any late or missed scheduled bond payments. A canceled/bad check fee of \$35.00 will be processed upon return of check and bad ACH debts.

PLEASE NOTE: YOUR COSIGNER MAY BE HELD RESPONSIBLE FOR PAYMENTS.

When you call-in the automated system will ask for the following:

- YOUR COMPLETE SOCIAL SECURITY NUMBER
- YOUR FOUR DIGIT YEAR OF BIRTH (Example: if born in 1990, enter 1-9-9-0)
- THEN IT WILL ASK YOU TO STATE YOUR NAME
- FOLLOW THE PROMPTS. IF YOU OWE A BALANCE OR IF THERE IS A PROBLEM WITH YOUR CHECK-IN, THE AUTOMATED SYSTEM WILL FORWARD YOUR CALL TO THE OFFICE.

BOND(S) MAY BE REVOKED AND/OR CANCELED FOR ANY NON-PAYMENT COSIGNER WILL BE CHARGED FOR REVOKED/CANCELED BONDS AND ANY BOUNTY HUNTER FEES.

The office number is (313)962-2935, you must call this number to update us on your court dates. Court outcomes, change of address, change of phone number, and any other questions you may have.

(888)783-8594 Is our Fax Number (810)985-0093 or (810)987-7909 is used only for Collect Calls

I fully understand and authorize that all information provided can be used for collection of contractual debts on this and all bail bonding forms.

BY SIGNING THIS. YOU AGREE THAT YOU UNDERSTAND ALL RESPONSIBILITIES WHILE CLIENT IS ON BOND.

### PLEASE PRINT:

Cosigner Name: \_\_\_\_\_

Cosigner Signature: **X** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Bank: \_\_\_\_\_

Acct#: \_\_\_\_\_

Routing #: \_\_\_\_\_

Email: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Signature: **X** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Bank: \_\_\_\_\_

Acct#: \_\_\_\_\_

Routing #: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: If you close or change your Credit Card or Bank Accounts, YOU MUST notify our office. Stop in or call our office to update your information. If you do not update your information within 72 hours of change, your bond will be revoked/ canceled, additional fees charged, and/or you will be prosecuted.



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## **Banks Bail Bonds, Bail Agent Credit Card Payment Agreement**

Date: \_\_\_\_\_, 20\_\_\_\_\_

Defendant Name: \_\_\_\_\_ Bond Amount: \$ \_\_\_\_\_

- I, the undersigned cardholder, agree to pay Banks Bail Bonds \$ \_\_\_\_\_ for the bail bond on the above-named defendant.
- I authorize ( \_\_\_\_\_ ) to obtain an approval on my credit card for the amount of \$ \_\_\_\_\_ and \$ \_\_\_\_\_ (if defendant needs cash back).
- I understand and agree that there will be a \$ \_\_\_\_\_ processing fee charged to my credit card. This processing fee will be in addition to the bail bond fee set forth above.

Name on Credit Card: \_\_\_\_\_

Phone Number of Cardholder: \_\_\_\_\_

Statement Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Type:  MASTERCARD  VISA  DISCOVER  AMERICAN EXPRESS

Credit card Number: CSC: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Card Holder: **X** \_\_\_\_\_

\* Please send a copy of drivers License.

# Banks Bail Bonds Confidential Application

DEFENDANT: \_\_\_\_\_ AKA: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PHONE \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ DR. LICENSE#: \_\_\_\_\_  
REFERRED BY: \_\_\_\_\_ POSTED BY \_\_\_\_\_ DEFENDANT/JOB: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_ FEE: \_\_\_\_\_ CHARGE: \_\_\_\_\_ ATTORNEY NAME AND NUMBER: \_\_\_\_\_  
CASE#: \_\_\_\_\_ PA#: \_\_\_\_\_ EXAM DATE: \_\_\_\_\_ DISTRICT CT.: \_\_\_\_\_ CIRCUIT CT.: \_\_\_\_\_  
CHILDREN'S NAME: \_\_\_\_\_ DATE OF BIRTH/SCHOOLS: \_\_\_\_\_  
CHILDREN(S) PARENTS NAMES: \_\_\_\_\_ PARENT/SIBLINGS NAMES/ \_\_\_\_\_ NUMBERS: \_\_\_\_\_

## COLLATERAL PAYMENT INFORMATION

INDEMNITOR  REAL ESTATE  CASH\$ \_\_\_\_\_  SAVINGS ACCT/CD  VEHICLE  STOCKS/BONDS  OTHERS \_\_\_\_\_

CREDIT CARD INFORMATION: \_\_\_\_\_ CHECKING ACCOUNT INFORMATION: \_\_\_\_\_

COMMENTS \_\_\_\_\_

INDEMNITOR NAMES/NUMBERS: \_\_\_\_\_ INDEMNITOR/JOB: \_\_\_\_\_

Completed Contents: Application ( ) Mortgage ( ) MC 241 ( ) \_\_\_\_\_ PA# \_\_\_\_\_

Bank Acct Asgn ( ) Veh. Agt App. Form ( ) Picture ( ) Discharge ( ) Miscellaneous ( ) \_\_\_\_\_

I understand that by signing this that all information obtained may and can be used for background checks and purposes of collecting a debt:

Signature: **X** \_\_\_\_\_

Signature: **X** \_\_\_\_\_

Signature: **X** \_\_\_\_\_

Signature: **X** \_\_\_\_\_

I, the undersigned, do hereby agree that Banks Bail Bonds, will act as my bail bond and as part of that agreement, they will be able to use location technologies to locate my wireless device at any time during the period of my bail.

The following privacy I terms and conditions are an integral part of this addendum and bond(s) is conditioned upon full compliance by the principal of all said terms and conditions and is part of said bonds and application therefore:

1. The Agency will use network-based location technologies to find principal solely at their discretion.
2. This addendum will service as the sole notice for the collections of location information for the principal until their bond liability is fully discharged.
3. The Agency will only retain location data while the bail bond is actively in force.
4. The Agency will only disclose location information to the courts as required by court order.
5. The Agency will be the only person with access to location information for a specific principal.
6. All questions relating to location capability should be directed to the Agency.

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: **X** \_\_\_\_\_ Signature: **X** \_\_\_\_\_ Signature: **X** \_\_\_\_\_ Signature: **X** \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Phone#: \_\_\_\_\_ Phone#: \_\_\_\_\_ Phone#: \_\_\_\_\_

1. SURETY to call mobile telephone number when principal application is completed to ensure accuracy of the phone number.
2. If an incorrect phone number is provided by the principle that would constitute a material false statement in the application and result in the SURETY having the right to apprehend arrest and surrender principal.