

Bail Bonds by Camille

403 N. Sylvania Ave., Ste 2 • Fort Worth, TX 76111
817-335-4226 • 817-831-2125

DATE: _____ TIME: _____ AGENT: _____

Financial Statement of Indemnitor

NAME: _____ REL TO DEF. _____ KNOWN HOW LONG _____

ADDRESS _____ APT _____ CITY _____ ST _____ ZIP _____

HOW LONG _____ (YERS/MTHS) HOW LONG IN AREA (YRS/MTHS _____ E-MAIL _____

BUYING/RENTING/LIVE W/PARENTS) _____ SS# _____ - _____ - _____ DL/ID# _____

HOME # _____ CELL/PGR # _____ DOB _____

VEHICLE: YEAR _____ MAKE _____ MODEL _____ COLOR _____

LICENSE PLATE # _____ TITLE HOLDER _____

WHO DO YOU MAKE PAYMENTS TO? _____

SPOUSE/GIRL/BOY FRIEND _____ PHN _____ CELL _____

ADDRESS _____ APT _____ CITY _____ ST _____ ZIP _____

CREDIT

NAME OF BANK _____ CHECKING/SAVINGS ACCT # _____

CREDIT CARD _____ ACCT # _____ EXPIRES _____

CREDIT CARD _____ ACCT # _____ EXPIRES _____

CREDIT CARD _____ ACCT # _____ EXPIRES _____

CREDIT CARD _____ ACCT # _____ EXPIRES _____

CREDIT CARD _____ ACCT # _____ EXPIRES _____

PERSONAL REFERENCES

NAME _____ ADDRESS _____ PHONE _____
NAME _____ ADDRESS _____ PHONE _____
NAME _____ ADDRESS _____ PHONE _____

PROPERTIES OWNED OR BEING PURCHASED BY YOU

LOCATION OF PROPERTY _____

PROPERTY VALUE \$ _____ FINANCE CO. _____

Read carefully before signing:

I, _____ personally have prepared the above financial statement. All the statements and representations contained in the said financial statement are true and I further verify and state that I own such property indicated above and I do hereby agree that the recording of a Deed given, by my to the surety will constitute a lien on said property until all monies due hereunder have been paid and all liability to said surety have been resolved. I also agree and promise to hold the surety harmless from and against every and all claims, demands, liability costs, charges, counsel, fees, expenses, suits, orders, judgments or from and against it by reason of such suretyship and before it shall be required to pay the same. I also understand that the premium or bond fee is due and payable annually and I agree to pay same until all liability on the bond or bonds of the defendant named above are exonerated. I understand and agree that all files maintained are the sole property and for the private use of Bail Bonds by Camille. I certify that all information given to the bonding company is complete and accurate. I understand and agree that the return of any funds due will be no sooner than 14 days from the date of this transaction and that a voided transaction fee will be deducted. I authorize an investigation of my credit and employment history and I authorize the release of information about my credit experience to this bonding company.

SIGNATURE: _____

DATE: _____

Indemnitor: