



Unpaid Premium Agreement

Defendant Name: _____ Date: _____

Bond Amount: _____ Jail: _____

Premium Collected: _____ Balance Due: _____

Bondsman: _____

The undersigned promises to pay the balance of \$ _____ in _____ installments of \$ _____ each, with the first installment due as follows _____

I (we) have obtained a bail bond for the above 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 (5) days of the scheduled due date, I (we) will be charged a ten percent (10%) late charged based on the scheduled payment amount. Should my account become over thirty (30) days past due, a demand for full payment may be made at that time. Any and all legal fees and collection fees associated to my account will be my (our) responsibility.

All payments should be made out to Freedom Bail Bonding with the Defendants name in the memo or remarks section. DO NOT SEND CASH.

**Mail to: Freedom Bail Bonding
10610 Main Street
Fairfax, Virginia 22030**

I HAVE READ AND AGREE WITH THE ABOVE DECLARATION

Signature _____

Signature _____

Print: _____

Print: _____

Date: _____

Date: _____

Home: _____

Home: _____

Cell: _____

Cell: _____

Address: _____

Address: _____

Inv # _____