

# Action BailBonds

4425 Jamboree Road, Suite 240 Newport Beach, CA 92660  
877.231.7550 or 714.576.5767  
Insurance Bail License # 1N13000  
www.actionbails.com

## Unpaid Premium Agreement

Defendant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Bail Amount: \_\_\_\_\_ Jail: \_\_\_\_\_

Premium Amount: \_\_\_\_\_

Misc. Fees: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

Less Amount Paid Down: \_\_\_\_\_

**Balance Due:** \_\_\_\_\_

The undersigned promises to pay the balance due of \$ \_\_\_\_\_ in \_\_\_\_\_ installments of \$ \_\_\_\_\_ per \_\_\_\_\_ with the first installment due on \_\_\_\_\_ and all subsequent installments due as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All collateral held by Action Bail Bonds is guaranteeing the bail bond, all premium payments and any other expenses occurring from the above said defendant's bail bond(s). I (we) have obtained a bail bond(s) for the release of the above named defendant and I (we) promise to pay the balance due as described above. I (we) understand that if payments are not received at the address stated above 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 the account become past due thirty (30) days, a demand for full payment may be made at this time. Any and all legal or collection fees associated to the account will be the defendant's and indemnitor's responsibility.

I have read and agree with all the above declarations:

Print: \_\_\_\_\_ Print: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_