

PAYMENT AGREEMENT

Defendant Name: _____ Date: _____

Bail Amount: _____

Jail: _____

Total Sale Amount: \$ _____

Less Amount Paid Down: \$ _____

BALANCE DUE: \$ _____

The undersigned promises to pay the Balance Due of \$ _____

in _____ installments of \$ _____ each,

with the first installments due as follows: _____

I have deposited as security against this premium balance: _____

I (we) have obtained a bail bond for the release of 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 days of the scheduled due date, I (we) will be charged an eighteen percent (18%) late charge based on the scheduled payment amount. Should my account become over 30 days past due, a demand for full payment may be made at that time. Any and all legal/collection fees associated to my account will be my responsibility.

All payments should be mailed to: **Fire Line Bail Bonds, Inc.**
1395 NW 15th Street
Miami, Florida 33125
(305) 325-8281

I HAVE READ AND AGREE WITH THE ABOVE DECLARATIONS

Signature: _____ Signature: _____

Print: _____ Print: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Print: _____ Print: _____

Date: _____ Date: _____