



710 N. Broad Street, UNIT 16
MOORESVILLE, NC 28115

704-713-0575
www.McconnuigheyBailBonds.com

CONTRACT FOR EXECUTION OF BAIL

****READ BEFORE SIGNING THIS DOCUMENT****

As part of the agreement with McConnuighey Bail Bonds and its agents, I the indemnitor and/or Defendant fully understand the amount deferred is to be paid on the payment due date(s) as followed:

CREDIT CARD ON FILE: YES NO AUTOMATIC DEDUCTION: YES NO

TOTAL AMOUNT CHARGED : _____ DEPOSITS: _____ BALANCE: _____

Payment Agreement: Amount of Payments: _____ (FOLLOW COMPANY POLICY)

Day of Week: _____ Weekly/Biwkly/Mnthly (circle) Starting Date: _____ End Date: _____

TOTAL NUMBER OF PAYMENTS: _____

DEFERRED PAYMENT AGREEMENT

This Third Party Contract Agreement is between the Defendant, Indemnitor, and McConnuighey Bail Bonds by _____ (Bond Agent) when in any case some portion of the Bond Premium payments are deferred or paid after the Defendant has been released from custody.

This Agreement is to be followed until full payment has been received in our office. I UNDERSTAND THAT AS THE INDEMNITOR(S) / DEFENDANT, I AM RESPONSIBLE FOR THE PREMIUM BALANCE REGARDLESS OF THE OUTCOME OF THE CASE. Failure to follow this Agreement will result in legal action. If payment is missed without prior arrangement, we may consider the Agreement broken, and reserve the right to revoke the bond and/or send to the collection agency.

INITIALS
[Red box]
[Red box]
[Red box]
[Red box]

FORFEITURE UNDERSTANDING

If forfeit I am responsible jointly, severally, and separately with the Defendant on the bond for the said each individual bond on this contract, individual Amounts listed above. The total bond amount is _____. The individual bond amount are _____

_____, _____, _____. I specifically waive notice of acceptance of this guaranty, acknowledge myself as fully bound by all provisions of the above stated bailbond, and expressly agree to pay, upon demand, any amount owing. not to exceed the amount of forfeiture ordered thereunder, and I do hereby agree to indemnify and hold harmless the above Bail Bondsman for such amounts is required to pay upon such forfeiture. This agreement is void upon termination of liability on the bail bond as provided by North Carolina Administrative Code T11 13.0512. The Forfeiture amount is from the premium charged.

I authorize Retail Bail Bonds, its agents, and _____ (Bond Agent), or assignee to contact me via phone, fax, or in person at my place of residence and or work when necessary, for any purpose relating to the money owed, forfeiture, or any other purpose for the Bail Bond I signed. I Authorize McConnuighey Bail Bonds, its agents, and _____ to contact the references I have provided, I acknowledge below that all information is true on this application. I have been provided, I acknowledge below that all information is true on this application. I have been provided with a copy of this contract and understanding of G.S.SE7120. I the indemnitor(s) will assure the appearance of the defendant within 48 hrs. , failure to comply may result in the **AGENT REVOKING THE BOND.**

_____	_____	_____
INDEMNITOR PRINT	INDEMNITOR SIGNATURE	DATE
_____	_____	_____
INDEMNITOR PRINT	INDEMNITOR SIGNATURE	DATE
_____	_____	_____
INDEMNITOR PRINT	INDEMNITOR SIGNATURE	DATE
_____	_____	_____
DEFENDANT PRINT	DEFENDANT SIGNATURE	DATE

Date of Bond: _____ Total Bond Amount: _____ Receipt # _____

Collateral YES NO Type: _____ Receipt # _____

Agent Name: _____ License # _____ Witness: _____