COLLATERAL RECEIPT

Receipt No.: ACFL-

COMPANY	PRODUCER
ALLEGHENY CASUALTY COMPANY P.O. BOX 9810, CALABASAS, CA 91372-9810 TELEPHONE (800) 935-2245	PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE: A American Bail Bonds 1815 N. Cocoa BLVD Cocoa FL. 32922 321 639-5151 Edward Williams LIC# A295170

☐ **Deposit of collateral**: Depositor hereby acknowledges receipt of a copy of this document and agrees to the terms on the reverse side. The collateral identified below is deposited as security for the bail bond(s), premium owed, if any, and all lawful expenses incurred due to underwriting the referenced bail bond(s).

☐ **Return of collateral**: Depositor hereby surrenders the original and acknowledges the return and receipt of collateral listed herein and that the collateral has been returned in good and sufficient condition. Depositor hereby relieves the surety and its bail producer from any further liability or responsibility in relation to the collateral.

Returning collateral from receipt number(s) _____

Depositor Name _____ (First / Middle / Last) Date Received _____

Depositor Address _____ Depositor Phone # _____

Defendant _____ (First / Middle / Last) Case # _____

Power No.(s) _____ Bond Amt. $ _____

Collateral Received - describe below, specify condition	Amount or Estimated Value	Held By
_____	$ _____	☐ Bail Producer ☐ Surety ☐ MGA
_____	$ _____	☐ Bail Producer ☐ Surety ☐ MGA
Collateral Funds - in form of ☐ Cash ☐ Check ☐ Money Order ☐ Credit Card	$ _____	☐ Bail Producer ☐ Surety ☐ MGA

If applicable, I acknowledge a Credit Card fee of _____ % in the amount of $ _____

Depositor: _____ (Signature) Bail Producer: _____ (Signature)

_____ (Print Name) _____ (Print Name)

Form# ACC.FL.0304-2 (03/14)

ONLY FOR USE IN FLORIDA

SURETY COPY