A AMERICAN BAIL BONDS
P.O. BOX 61918
PALM BAY, FL. 32906
(321) 639-5151
(321) 984-7100

DATE: _____

Amount of Bond: _____ Premium _____

Bond #: _____ Company _____

I understand in signing this bond for obtaining the release of

_____

I am responsible for him/her appearing in Court each time he/she is so ordered; also I understand I am responsible for payment of any court costs for non-appearance if he/she fails to follow any and all instructions or orders of the Court or forfeits this bond, and it becomes necessary to apprehend and surrender him/her to the Court. I understand I am responsible for any and all expenses incurred as a result of such forfeiture and further, if such a forfeiture occurs and defendant is not surrendered to the Court within time prescribed by law, I understand I am required to pay the **FULL AMOUNT** of the bond posted, including unpaid bail premium, if applicable in this state. Should state laws supersede this or any part of the agreement; all other terms are still in full force and effect.

COLLATERAL cannot be returned until such time as the Company receives written notice from the clerk of the Court

I am not a paid signer. I have no connection with a Bail Bond Consultant.

I have read the above contract and understand it, and agree to fulfill ALL the provisions therein.

SIGNED X _____

_____

_____

A American Bail Bonds
1815 N. Cocoa BLVD
Cocoa FL. 32922 321 639-5151
Edward Williams LIC# A285170

AGENT _____