PREMIUM RECEIPT and STATEMENT OF CHARGES

Receipt No.: AP-

allegheny
CASUALTY COMPANY

PO Box 5600, Thousand Oaks, CA 91359
800.935.2245 info@aiasurety.com

PRODUCER NAME, ADDRESS, PHONE, EMAIL 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# A285170

Receipt Info

Date Received	Payment Method ☐ Cash ☐ Credit Card ☐ Check ☐ Money Order	Credit Card Authorization Code	Amount Received ($)
Payer Name			Payer Phone Number
Defendant			Bond Amount ($)
Power Number(s)		Case Number(s)	
Court	Appearance Date	Appearance Time	Collateral Received ☐ Yes ☐ No / Collateral Receipt Number(s)

Expense(s)

Itemized Expense(s) **(if and as permitted by applicable law)**	Expense Amount
	$
	$
	$
	$

Payment Info

Bail Bond Premium	$
Total Expense(s)	$
Prior Payment(s)	($)
Amount Received	($)
Remaining Balance	$

08185

Form# ACC.0304-1 (10/21)

Paid By

Payer Signature
Print Name

Received By

Producer/Representative Signature
Producer/Representative Print Name

SURETY COPY