

AARON LOWINGER BAIL BONDS, INC.
P.O. BOX 8469
ELKRIDGE, MARYLAND 21075
(410) 799-4445
(410) 799-4461
INDEMNITOR INFORMATION SHEET
AND NOTICE OF RESPONSIBILITIES

DATE _____

I understand in signing this form for obtaining the release of _____

AMOUNT BOND \$ _____ PREMIUM \$ _____

BOND NUMBER _____ COMPANY _____

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ O/R HOW LONG _____

DOB _____ SS# _____ DL# _____

EMPLOYER _____ PHONE _____

ADDRESS _____

HOW LONG _____ PAYDAY _____ TAKE HOME _____

(NAME ADDRESS AND PHONE NUMBER OF THREE REFERENCES)

REFERENCE (1) _____

REFERENCE (2) _____

REFERENCE (3) _____

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 any unpaid bail premium.

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

I affirm that I am not a paid signer. I have no connection with any Bail Bond Agency or Company and I am not a Bail Bond Consultant.

I further understand that even if the defendant is not released the Bail Bond Premiums is fully earned and non-refundable once the Bond is posted with the Clerk of Courts or the Commissioner.

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

PRINT

SIGN

PRODUCER