

AARON LOWINGER BAIL BONDS, INC.
P.O. BOX 8469
ELKRIDGE, MARYLAND 21075
(410) 799-4445
(410) 799-4461 FAX

DATE _____ COMPANY _____
BOND NUMBER _____
AMOUNT BOND \$ _____ PREMIUM \$ _____

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 any unpaid bail premium.

COLLATERAL can not 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 due to a detainer or for any other reason the Bail Bond Premiums is fully earned and non-refundable once the Bond is posted with the Clerk or Commissioner of Courts .

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

SIGNED _____

SIGNED _____

PRINT _____

PRINT _____

SOCIAL SECURITY # _____

SOCIAL SECURITY # _____

SIGNED _____

SIGNED _____

PRINT _____

PRINT _____

SOCIAL SECURITY # _____

SOCIAL SECURITY # _____

PRODUCER _____