

Way Bail Bond, Inc.

2600 North Palafox St.
Pensacola, FL 32501-1442
(850) 433-5717

DATE: _____, 20 ____
AMOUNT OF BOND(S): \$ _____ PREMIUM: \$ _____
POWER NUMBER(S) _____

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

I am responsible for the above named Defendant appearing in court each time so ordered. I also understand I am responsible for payment of any court cost(s) for non-appearance if the Defendant fails to follow any and all instructions or order(s) of the Court or if the bond is forfeited and it becomes necessary to apprehend and surrender the Defendant to the Court. I understand that I am responsible for any and all expenses incurred as a result of such forfeiture. I also understand I am required to pay any UNPAID BOND PREMIUM, if credit was extended at the time the bond was posted.

COLLATERAL can not be returned until the Company receives written notice from the CLERK OF THE COURT that the bond(s) have been discharged. Upon receipt of discharge as per Florida Statutes, collateral will be returned to the person(s) named on the COLLATERAL RECEIPT within twenty-one (21) days.

If the Defendant departs the jurisdiction of the Court wherein the bail bond(s) are posted by Bankers Insurance Company for any reason and the Defendant is captured by Bankers Insurance Company and / or it's Agent or any law enforcement agency, in a State other than the one in which the bail bond(s) are posted; I hereby agree to voluntarily return to the State of original jurisdiction and I hereby waive extradition proceedings and further consent to the application of such reasonable force as may be necessary to affect such return; I further consent to being detained by secure methods and transported in a timely manner to the State and county of original jurisdiction.

I, (the Indemnitor) am not a paid signer and I have no connection with a Bail Bond Consultant.

I / We have read the above contract, understand it and agree to fulfill all the obligations and provisions therein.

INDEMNITOR'S SIGNATURE: _____

AGENT

INDEMNITOR'S SIGNATURE: _____

DEFENDANT'S SIGNATURE: _____