

All N One Bail Bonds LLC dba EZ Credit Bail Bonds

INDEMNITOR BAIL AGREEMENT APPLICATION

Marketing Source (Circle One): Phone Book Google Other: _____

Defendant		Alias		RNI / Booking #			DOB			
Street Address		City		State		Zip		Home Phone	Cellular Phone	
(CIRCLE ONE) Family		Own/Buying Monthly payment or rent:		Rent How long?		Living with Monthly payment or rent:		How long?		
Previous Address		City		State		Zip				
(CIRCLE ONE) Family		Owned Monthly payment or rent:		Rented How long?		Lived with Monthly payment or rent:		How long?		
Current Employer		Position		Phone #		Address				
Bond Amount \$			Power Number							
Where Held			Charges				Court			
Case #			Date to Appear		Time		Arrested By			
SS#			ID				State of Issuing ID			
Citizen: Y N		Residence Alien #		Race		Email Address: Facebook/Twitter:				
Sex	Height	Weight	Hair	Eyes	ID Marks / Tattoos: Y N		Where		What	
Vehicle Make		Model		Year		Color		Lic # and State		
On Probation: Y N		Where		Probation Officer			Cases Pending: Y N			
Where		Prev. Bail: Y N		Where			With Whom			
Military Branch		SER #		Discharge Date			Union Member		Local	
Defendant's Attorney		Street Address		City		State		Zip		Phone

APPLICANT IDENTIFICATION TYPE (CIRCLE ONE)

STATE DL STATE ID PASSPORT ALIEN CARD MILITARY WELFARE ID IDENTIFICATION #

CIRCLE ONE: Unmarried Married Separated

Indemnitor Name :					Relationship to Defendant:				
Date of Birth:		SSN:			Home Phone:		Facebook/Twitter:		
					Cellular Phone:				
Current Address		City		State		Zip		Email Address:	
(CIRCLE ONE)		Own Rent Living with Family		Monthly payment or rent:		How long?			
Previous Address		City		State		Zip			
(CIRCLE ONE)		Own Rent Living with Family		Monthly payment or rent:		How long?			
x	Height	Weight	Hair	Eyes	ID Marks / Tattoos: Y N		Where		What
Vehicle Make		Model		Year		Color		Lic # and State	

INDEMNITOR EMPLOYMENT INFORMATION

EMPLOYMENT TYPE (CIRCLE ONE): W2 EMPLOYEE 1099/SELF-EMPLOYED FIXED INCOME _____

Current employer:		Phone #:	Supervisor Name and Phone #:	
Employer Address	City	State	Zip	How long?
Position:		(Circle One) Hourly Salary	Annual Income:	
			Other Income:	
			Source of Other Income:	
Previous employer:		Phone #:	Supervisor Name and Phone #:	
Previous Employer Address	City	State	Zip	How long?
Position:		(Circle One) Hourly Salary	Annual Income:	

INDEMNITOR'S FAMILY INFORMATION

Indemnitor's Mother's Name		Address City/State/Zip		Phone	
Indemnitor's Father's Name		Address City/State/Zip		Phone	
Indemnitor's Sibling's Name		Address City/State/Zip		Phone	
Indemnitor's Sibling's Name		Address City/State/Zip		Phone	
Indemnitor's Child's Name	Age	Address City/State/Zip		Phone	School
Indemnitor's Child's Name	Age	Address City/State/Zip		Phone	School
Indemnitor's Best Friend's Name		Address City/State/Zip		Phone	

SIGNIFICANT OTHER'S FAMILY INFORMATION

Significant Other's Name		Address City/State/Zip		Phone	
Significant Other's Employer		Address City/State/Zip		Phone	
Significant Other's Home Phone #		Significant Other's Cellular Phone #		Significant Other's Work Phone #	
Significant Other's Maiden Name		City/State Significant Other Was Born		Date Married	Where
Significant Other's Mother's Name		Address City/State/Zip		Phone	
Significant Other's Father's Name		Address City/State/Zip		Phone	
Significant Other's Siblings Name		Address City/State/Zip		Phone	
Significant Other's Siblings Name		Address City/State/Zip		Phone	

BANKING AND CREDIT INFORMATION

How would you rate your credit? (Circle one)

Good

Fair

Excellent

Poor

BANK: _____ City _____ Checking/Savings Balance _____

CREDIT CARDS, OTHER LOANS

Name:	Account No.:	Current Balance:	Monthly payment:
Name:	Account No.:	Current Balance:	Monthly payment:
Name:	Account No.:	Current Balance:	Monthly payment:

MORTGAGE COMPANY

Name:	Address:		
Account No.:	Value:	Equity:	Amount Due:

AUTO LOANS

Name:	Account No.:	Balance:	Monthly payment:
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REFERRAL LIST

1)	Name		Relationship	
	Address			
	Home #:	Work #	Cell #	
2)	Name		Relationship	
	Address			
	Home #:	Work #	Cell #	
3)	Name		Relationship	
	Address			
	Home #:	Work #	Cell #	
4)	Name		Relationship	
	Address			
	Home #:	Work #	Cell #	

By signing this agreement, I do hereby authorize the Company, employees or designates to conduct any and all background checks, credit checks, financial and criminal history reports or investigations or any other such report, investigation, or search as they deem necessary to the issuance, maintenance, or termination of this bond or any collection efforts thereon, or in any way connected thereto, and further authorize the release of any and all records, papers, documents, evidence, or other such material, as may be requested, including any background checks, credit checks, criminal histories etc. to it employees, or designates.

Signature: _____ Date: _____