

3214 CHICAGO DRIVE
HUDSONVILLE, MICHIGAN 49426
(800) 874-8742 • (616) 662-4460 (FAX)

PROMISSORY NOTE & CREDIT TERMS

On Demand, without grace, I / We, the undersigned, promise to pay to the order of _____ the premium balance of _____ dollars (\$ _____) for Bail Bond(s) #'s _____ posted on _____ pursuant to obligations set forth in the Indemnity Agreement guaranteeing the full payment of premium in consideration for the bail bond posted on behalf of the defendant _____. Balance payable in lawful money of the United States of America within 15 months from the aforementioned Bail Bond posting date.

Total Balance Due: \$ _____

Less Down Payment: \$ _____

Sub-total: \$ _____

**Less Additional Down payment(s)
to be received:**

_____ \$ _____

_____ \$ _____

**Balance Due
(insert on Line A):** \$ _____

PAYMENT INFORMATION

**A. Balance Subject to
Installment Payments:** \$ _____

B. Number of Installments: _____

C. Your individual Installment
amount is: \$ _____

Payments Begin on (see schedule below for next pmt)

_____ / _____ / _____

Total of Payments (B x C): \$ _____
(Must Equal A) **UNTIL PAID IN FULL**

SCHEDULE OF PAYMENTS

Pmt No.	Pmt Due Date	Pmt Amount	Pmt Rec. Date	Amt. Recv'd	Within Terms	Status
1.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
11.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
12.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
13.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
14.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
15.	/ /	\$ _____	/ /	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

If a default in payment occurs, the entire balance becomes due and payable immediately. In the event that suit is instituted to collect this note or any portion thereof, the undersigned promises to pay such additional sum(s) as the court may adjudge reasonable as attorney fees and costs of instituting said suit. I understand this is an application for a type of credit and I authorize review of my credit history via credit reporting agency inquiries.

I have read the indemnity agreement and agree to the terms of this promissory note.

Indemnitor (Print Name)	Indemnitor Signature	Social Sec. #	Date
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