

ALPHA BAIL BONDS, INC.
919-841-8309
319 Chapanoke Rd. Suite 114A
alphabailbondsnc@gmail.com

CLIENT JAIL INFORMATION

DATE OF BOND _____ CASE # _____

POWER # _____ CHARGE _____

BOND AMOUNT _____ AMOUNT PAID _____ COUNTY _____

CLIENT PERSONAL INFORMATION

NAME -LAST _____ FIRST _____ MIDDLE _____

DOB _____ S.S. # _____ D.L. # _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL # _____

AUTO – MAKE/MODEL _____ COLOR _____ TAG # _____

CLIENT ATTORNEY _____ OFFICE # _____

PROBATION OFFICER _____ OFFICE # _____

CLIENT EMPLOYMENT

EMPLOYER _____ POSITION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SUPERVISOR _____ WORK # _____ TIME ON JOB _____

ALPHA BAIL BONDS, INC.
919-841-8309
319 Chapanoke Rd. Suite 114A
alphabailbondsnc@gmail.com

CLIENT REFERENCES

LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL # _____ RELATION _____

EMPLOYER _____ WORK # _____

EMAIL ADDRESS _____

LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL # _____ RELATION _____

EMPLOYER _____ WORK # _____

EMAIL ADDRESS _____

LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL # _____ RELATION _____

EMPLOYER _____ WORK # _____

EMAIL ADDRESS _____

ALPHA BAIL BONDS, INC.
919-841-8309
319 Chapanoke Rd. Suite 114A
alphabailbondsnc@gmail.com

CO-SIGNER INFORMATION/EMPLOYMENT

LAST _____ FIRST _____ MIDDLE _____

DOB _____ S.S. # _____ D.L. # _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL # _____ EMAIL ADDRESS _____

OWN _____ RENT _____ [CHECK ONE] RELATION TO CLIENT _____

AUTO MAKE/MODEL _____ COLOR _____ TAG _____

EMPLOYER _____ POSITION _____ SUPERVISOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WORK # _____ EXT. _____ SHIFT _____ TIME ON JOB _____

INDEMNITY AGREEMENT

THIS INDEMNITY AGREEMENT CONTRACT IS FOR ALPHA BAIL BONDS, INC. BOND SERVICES IN THE STATE OF NORTH CAROLINA, COUNTY OF _____.

I, _____, IN CONSIDERATION OF ALPHA BAIL BONDS, INC. ACTING AND BEING
[CO-SIGNER]

OBLIGATED AS SURETY ON A BAIL BOND FOR _____, IN THE AMOUNT OF
[CLIENT/DEFENDANT]

\$ _____ I DO GUARANTEE THE PAYMENT OF \$ _____ TO ALPHA BAIL BONDS, INC.
[AMOUNT OF BOND] [AMOUNT OF BOND]

IN THE EVENT OF FORFEITURE BY _____, I SPECIFICALLY WAIVE NOTICE OF ACCEPTANCE OF
[CLIENT/DEFENDANT]

THIS GUARANTEE, ACKNOWLEDGE MYSELF FULLY BOUND BY ALL PROVISIONS OF THE ABOVE STATED BAIL BOND, AND EXPRESSLY AGREE TO PAY UPON DEMAND ANY AMOUNT OWING, NOT TO EXCEED THE AMOUNT OF FORFEITURE ORDERED THEREUNDER. I DO HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE ABOVE NAMED BAIL BONDSMAN ATO THE AMOUNT IT IS REQUIRED TO PAY THE BOND FORFEITURE. I FURTHERMORE UNDERSTAND THAT ALL COLLATERAL DEPOSITED WITH ALPHA BAIL BONDS, INC. WILL BE FORFEITED IN THE EVENT _____ FAILS TO APPEAR IN COURT.

[CLIENT/DEFENDANT]

ALPHA BAIL BONDS, INC.
919-841-8309
319 Chapanoke Rd. Suite 114A
alphabailbondsnc@gmail.com

CO-SIGNER REFERENCES

LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL # _____ RELATION _____

EMPLOYER _____ WORK # _____

EMAIL ADDRESS _____

LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL # _____ RELATION _____

EMPLOYER _____ WORK # _____

EMAIL ADDRESS _____

LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL # _____ RELATION _____

EMPLOYER _____ WORK # _____

EMAIL ADDRESS _____

ALPHA BAIL BONDS, INC.
919-841-8309
319 Chapanoke Rd. Suite 114A
alphabailbondsnc@gmail.com

THIS AGREEMENT/BAIL BOND CONTRACT BECOMES VOID UPON TERMINATION OF LIABILITY ON THE BAIL BONDSMAN AS PROVIDED BY N.C.G.S.58-71-5 AND N.C. ADMINISTRATIVE CODE .0512.

THIS _____ DAY OF _____, 20_____.

CO-SIGNER _____ AGENT _____

DATE: _____

DEFENDANT'S NAME: _____

DEFENDANT'S CHARGE[S]: _____

BOND AMOUNT & PREMIUM: _____; _____
[Receipt Amount]

I, _____, understand that I am signing this bond package for the release of _____. I do understand that I am responsible for the defendant listed above to appear in court each time they are ordered. I also understand that I am responsible for the payment of any bond costs for non-appearance [FTA] if they fail to follow any and all instructions or orders of the court or forfeits associated with this bond. I also agree to assist the bondsman to apprehend and/or surrender the defendant listed in the event they miss scheduled court dates; further I do understand if such forfeiture occurs that I am responsible for the full amount of the stated bond, including unpaid bail premiums, if applicable. Should the state laws supersede this or any portion of the indemnitor agreement, all other terms are still in full force in accordance with the bail agreement.

Note: Collateral cannot and will not be returned until such time as the company receives written notification from the clerk of the court that the case has been disposed of.

I am not a paid co-signer and have no connection with the bail bond agent aside from the business at hand.

I have read and understand the document and agree to all the provisions therein.

Indemnitor: _____
[Signature]

[Print Name]

Bail Bond Agent: _____

Steven Turrentine

ALPHA BAIL BONDS, INC.
919-841-8309
319 Chapanoke Rd. Suite 114A
alphabailbondsnr@gmail.com

MEMORANDUM OF AGREEMENT

THE MEMORANDUM OF AGREEMENT IS BETWEEN THE PRINCIPAL AND SURETY WHEN IN ANY CASE SOME PORTION OF THE BOND PREMIUM PAYMENTS ARE TO BE DEFERRED OR PAID AFTER THE DEFENDANT HAS BEEN RELEASED FROM CUSTODY PURSUANT TO NORTH CAROLINA GENERAL STATUTE 58, ARTICLE 71, SECTION 167.

1. AMOUNT OF BOND PREMIUM CHARGED = \$ _____

2. AMOUNT OF BOND PREMIUM DEFERRED = \$ _____

3. METHOD AND SCHEDULE OF PAYMENTS:

A) Number of Payments = _____

_____ Daily _____ Weekly _____ Bi-Weekly _____ Bi-Monthly _____ Monthly

_____ Other _____

B) Amount of Each Payment = _____

C) Due Date of Each Payment _____

D) Total Payments = _____

I _____ as well as _____ understand that all bond
[Indemnitor] [Defendant]
premiums are still due after the defendant's case has been finalized.

DO NOT SIGN THIS MEMORANDUM OF AGREEMENT BEFORE YOU READ IT! UPON REQUEST, YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT. ANY SUBSEQUENT MODIFICATIONS OF THIS AGREEMENT MUST BE IN WRITING, SIGNED, DATED AND KEPT ON FILE BY THE SURETY, WITH A COPY PROVIDED TO THE PRINCIPAL, UPON REQUEST.

This the _____ day of _____, 20_____.

[Indemnitor's Signature]

[Defendant's Signature]