

Freedom Bail Bonds
Lexington National Insurance Corporation. Tarrant Co. Lic. 205*
633 W. Division St.
Arlington, Tx 76011
(817) 795-5300

PAYMENT AGREEMENT

I, _____, have retained Freedom Bail Bonds to obtain my release from jail. The fee charged for posting bail is \$ _____. A balance of \$ _____ is outstanding, still to be paid. I agree to the following schedule of payments on the balance due:

A payment in the amount of \$ _____ to be paid _____ with the initial payment due on _____, 20____ and continuing at the same interval until such time as the balance due is paid in full.

If no payments are made against an outstanding balance for any consecutive 30 day period an Affidavit to Release Surety (AFRS) will be filed. Further, if any collateral is being held, it will be sold to cover the outstanding balance. If the sale of the collateral does not fully cover the outstanding balance, I, _____, and the Indemnitor's will still be responsible for the remaining balance owed.

Understood, agreed and signed this, the _____ day of _____, 20 _____.

Agent, Freedom Bail Bonds

NAME
ADDRESS
SSN
Driver's License

I, _____, as Indemnitor on behalf of _____, do hereby acknowledge equal responsibility for the balance due in the amount of \$ _____ and agree to make payments as outlined above should fail to do so for any reason.

Indemnitor
Printed Name: _____
SSN _____
Driver's License _____ State _____