

KIND BAIL
612 S. 3RD ST.
LAS VEGAS, NV 89101
P. 702.450.4000
F. 702.447.7407

Date: _____ Power Number(s) _____

Bond Amount \$ _____ Court City _____ Court State _____

Premium Due \$ _____ Expenses \$ _____ Total Due \$ _____

FOR VALUE RECEIVED, I (we), the undersigned Debtor(s), jointly and severally (together and separately), promise to: **pay to the order of: KIND BAIL the principle sum of (\$_____)**

owed for premium and expenses on the bail bond ("Bond") for: _____ ("Defendant"). Payments shall be made at the address shown above in the Bail Producer box or at such other place as Bail Producer may from time to time designate in writing according to the following payment:

Payment #1: Amount of payment \$ _____

Date payment due: _____

Payment #2: Amount of payment \$ _____

Date payment due: _____

Payment #3: Amount of payment \$ _____

Date payment due: _____

Payment #4: Amount of payment \$ _____

Date payment due: _____

Payment #5: Amount of payment \$ _____

Date payment due: _____

Payment #6: Amount of payment \$ _____

Date payment due: _____

Payment #7: Amount of payment \$ _____

Date payment due: _____

Payment #8: Amount of payment \$ _____

Date payment due: _____

Authorized Signature

I (we) agree to all terms and conditions of this note and acknowledge receipt of a copy of this note. I (we) also agree to pay all collection cost including, without limitation, court cost, reasonable and actual attorney's fee and expenses, and any other fee permitted by applicable law.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

State of _____ County of _____

On this _____ day of _____, 20 _____

Before me personally appeared _____

known to be the person described in and who executed the foregoing instrument and he/she

thereupon acknowledged to me that he/she/they executed the same