

South Shore Bail Bonds

po box 13312

South lake tahoe, CA 96151

530-577-8000

PAYMENT AGREEMENT

Def. Name _____ Date _____ Bond # _____

Amt. Of Def. Bail \$ _____ Bond Premium Charged \$ _____

Amount Paid Down \$ _____ Balance Due \$ _____

I/We agree to pay **GOLD COUNTRY BAIL BONDS** the balance due for bail bonds premium for the above named defendant.

Payments of \$ _____ will begin on or before _____

Payments will be made:

Weekly Semi-Monthly Monthly One Time Payment

Additional lump sum payment _____

WARNING: In the event that payment is not made when due and the bill is turned over to a collection agency, the collection fee will be added to the delinquent balance, not to exceed 30% of the balance, and you will be responsible for that additional fee.

THE VENUE FOR ANY LITIGATION
IS EL DORADO COUNTY, CA

Def. Signature _____ Printed _____ Date _____

Co-Signer Signature _____ Printed _____ Date _____

Co-Signer Signature _____ Printed _____ Date _____