



10476 64th Way NE * Albertville * Minnesota * 55301
 Toll Free (866) 8286179 * Fax (763) 497-1358

Unpaid Premium Agreement

Defendant Name: _____ Date: _____
 Bail Amount: _____ Bond Number: _____
 Jail: _____
 Total Premium Amount: \$ _____
 Amount Paid Down: \$ _____
 Balance Due: \$ _____

The undersigned promises to pay the **Balance Due** of \$ _____
 Within **7 / 14 / 30 / 60 / 90 Days** (circle one). Payments of \$ _____

First payment is due on _____
 2nd Payment _____
 3rd Payment _____
 4th Payment _____

All subsequent payments are due every _____ days there after.

I have used _____ as security against this bond.

I (we) have obtained a bail bond for the release of the above names defendant and I (we) promise to pay the balance due as prescribed above. I (we) understand that if my payments are not received five (5) days of the scheduled due date, I (we) can and will be charged a late payment fee, the minimum amount 15% based on the payment owed. This obligation is payable in full, on demand in the event of a forfeiture of the bond or failure to make payments on time. All payments will be made to:

A-Alliance Bail Bonds Inc. 10476 64th Way NE Albertville, MN 55301

I (WE) HAVE READ AND AGREE WITH THE ABOVE DECLARATIONS:

Print Name: _____	Print Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Print Name: _____	Print Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Subscribed and sworn to this _____ day of _____ 20_____

Notary Public in and for the County of _____ State of _____

 Notary Signature