



R Bail Bonds PO Box 525, Collinsville, OK 74021

PROMISSORY NOTE - PREMIUM

For services rendered the undersigned dose hereby agree and promise to pay the sum of ( \$ \_\_\_\_\_ )
\_\_\_\_\_ Dollars on or before \_\_\_\_\_ 20\_\_\_\_\_
pursuant to obligations set forth in the Indemnity Agreement guaranteeing the full payment of premiums in consideration for the bail posted on behalf
of defendant \_\_\_\_\_ Bond #'s \_\_\_\_\_

This obligation can be paid in the following schedule:
Date: \_\_\_\_\_ Payment Amount \_\_\_\_\_ Date: \_\_\_\_\_ Payment Amount \_\_\_\_\_
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Date: \_\_\_\_\_ Payment Amount \_\_\_\_\_ Date: \_\_\_\_\_ Payment Amount \_\_\_\_\_
Date: \_\_\_\_\_ Payment Amount \_\_\_\_\_ Date: \_\_\_\_\_ Payment Amount \_\_\_\_\_
Or in the following manner:
\_\_\_\_\_

Promissory Note Payments

Payments must be mailed to: R Bail Bonds, PO Box 525, Collinsville Oklahoma 74021
All payments must be made according to the dates of this promissory note. All payments must be made via cashiers check, wire transfer, credit card,
cash in person paid to R Bail Bonds Bail Agent only or via PayPal with prior approval of R Bail Bonds. We do not take personal checks, or business
checks. If for any reason a payment will be as much as 48 hours late, you must notify R Bail Bonds to avoid possible revocation of this
bond. In the event that any scheduled payment is missed the balance will become due immediately. A small claims action will be filed two-business
days later. You agree to pay the collection costs, court costs, and all reasonable attorney's fees to enforce collection of this debt. I have read the
Indemnity Agreement and agree to the terms of this promissory note.

Indemnitor's (Co-signer) Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
Indemnitor's (Co-signer) Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
Defendant's Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

INDEMNITOR / CO-SIGNER INFORMATION

Indemnitor / Co-signer Name \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Social Security # \_\_\_\_\_ Driver's Lic # \_\_\_\_\_ State \_\_\_\_\_
Checking Account # \_\_\_\_\_ Bank Name \_\_\_\_\_
Credit Card  Visa  MC  AMEX Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ Code \_\_\_\_\_
Credit Card  Visa  MC  AMEX Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ Code \_\_\_\_\_
Credit Card  Visa  MC  AMEX Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ Code \_\_\_\_\_

Indemnitor / Co-signer Name \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Social Security # \_\_\_\_\_ Driver's Lic # \_\_\_\_\_ State \_\_\_\_\_
Checking Account # \_\_\_\_\_ Bank Name \_\_\_\_\_
Credit Card  Visa  MC  AMEX Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ Code \_\_\_\_\_
Credit Card  Visa  MC  AMEX Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ Code \_\_\_\_\_
Credit Card  Visa  MC  AMEX Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ Code \_\_\_\_\_