

Ronnie D. Long

Bail Bonds

Please complete the following Payment Agreement.

PAYMENT AGREEMENT

For a valuable consideration, the receipt and sufficiency of which is hereby acknowledged, that we or either of us as principals promise to pay to the order of **RONNIE D. LONG BAIL BONDS**, at his office located at 6004 Airport Frwy., Ft. Worth Texas 76117, the sum of:

Total Amount (\$) *(Required)*

Which is the balance owed on the bond or bonds of (DEFENDANT) *(Required)*

The debt is to be paid in increments as follows:

Increments of (\$) *(Required)*

Per (e.g. Week, Month) *(Required)*

Beginning Date *(Required)*

 mm/dd/yyyy 

and continuing until the entire amount is satisfied.

It is expressly agreed and provided that upon default in the punctual payment of this debt as it becomes due (punctual payment shall mean within five days from the date the payment is due) the bonds could be dropped and an additional sum may be added for collection fees.

It is expressly agreed and provided that if a lawsuit is necessary for collection of this note, the holder may sue any or all of the undersigned parties and any party not served with citation herein shall not be released but shall remain bound for the payment thereof.

Principals hereby acknowledge receipt of a copy of this Payment Agreement and have read and understand the provisions of same before signing it.

DATED THIS *(Required)*

 mm/dd/yyyy 

DEFENDANT (Signature/Name) *(Required)*

CO-MAKER (Signature/Name)

HOME ADDRESS *(Required)*

HOME PHONE #

CELL PHONE #

PLACE OF EMPLOYMENT

WORK ADDRESS

WORK PHONE #

SOCIAL SECURITY # *(Required)*

DRIVER'S LICENSE # *(Required)*

DATE OF BIRTH *(Required)*

 mm/dd/yyyy 