

Tedd Wallace Bail Bonds
P.O. Box 1261
Los Gatos, CA 95031-1261
(408) 293-6900

Date: _____

Bond Number: _____

Amount \$ _____

I understand in signing for this bond obtaining the release of _____

_____ hereinafter known as Defendant, I am responsible for the Defendant appearing in Court each time Defendant is so ordered. I understand I am responsible for payment of any court costs for non-appearance if the Defendant fails to follow any and all instructions or orders of the Court resulting in a Forfeiture(s), and it becomes necessary to apprehend and surrender the Defendant to the court. I understand I am responsible for all research and surveillance fees (\$75.00 per hour/per person + expenses) incurred as a result of such forfeiture and further, if such a forfeiture occurs and Defendant is not surrendered to the Court within time prescribed by law, I understand I am required to pay the FULL AMOUNT of the bond posted, including any unpaid bail premium(s).

COLLATERAL cannot be returned until such time as the Company receives written notice from the Clerk of the Court.

I am not a paid signer. I have no connection with a Bail Bond Consultant.

I will NOTIFY the Company of any change in address or phone for either me or the Defendant within 30 days from the date of change as per the Bail Agreement.

I hereby grant permission for the Bail Agency to obtain any and all credit information on file with any credit reporting agency under my name.

I have read the above contract and understand it, and agree to fulfill ALL the provisions herein.

SIGNED _____

AGENT _____