

# All American Bail Bonding

## Personal History of Defendant

COUNTY \_\_\_\_\_

REC. \_\_\_\_\_

CASE # \_\_\_\_\_

POWER \_\_\_\_\_

MAGISTRATE \_\_\_\_\_

NAME					PHONE #			CELL #			
ADDRESS WHERE LIVING										LENGTH OF TIME	
<input type="checkbox"/> SINGLE	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR	AGE	DATE OF BIRTH	PLACE OF BIRTH	SS NO.	
<input type="checkbox"/> MARRIED											
<input type="checkbox"/> DIVORCED											
TATTOOS OR SCARS . . . LOCATION								NICKNAME			
JOB				BOSS'S NAME				WORK #		LENGTH OF TIME	
BOND \$		CHARGES									
COURT DATE			DISTRICT	SUPERIOR	CO-SIGNER			NOTE:			
AUTO YEAR & MAKE			MODEL			COLOR		CURRENT OR VALID REGISTRATION			
HOME OWNER . . . OR . . . RENT			MORTGAGE HOLDER				CHECKING ACCT.		CREDIT CARDS		

Father \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Mother \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Spouse \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Brother \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Sister \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Closest Associate's Name \_\_\_\_\_ Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Res. Phone No. \_\_\_\_\_

Hobbies, Church, Lodges, Clubs, Schools, etc. \_\_\_\_\_

I UNDERSTAND THAT MY BONDSMAN MAY ARREST ME AND NOT RETURN MY BOND FEE IF I - (1) CHANGE MY ADDRESSES WITHOUT NOTIFYING HIM, (2) CONCEAL MYSELF, (3) FAIL TO PAY THE BOND FEE AS AGREED, (4) LEAVE THE COURT'S JURISDICTION WITHOUT HIS PERMISSION AND, (5) MISS ANY COURT DATES.  
**ALL INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE**

Signed \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_

NORTH CAROLINA

\_\_\_\_\_ COUNTY

INDEMNITY AGREEMENT  
AND GUARANTY

I, \_\_\_\_\_ in consideration of \_\_\_\_\_

(Name of Professional Bondsman) acting and being obligated as surety on bail bond

on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

do guarantee the payment of said bond to the above named Bail Bondsman in the event of forfeiture by the above named principal. I specifically waive notice of acceptance of this guaranty, acknowledge myself as fully bound by all provisions of the above stated bail bond, and expressly agree to pay, upon demand, any amount owing, not to exceed the amount of forfeiture ordered thereunder, and I do hereby agree to indemnity and hold harmless the above Bail Bondsman for such amounts it is required to pay upon such forfeiture. This agreement is voided upon termination of liability on the bail bond as provided by North Carolina Administrative Code T11 13.0512

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_ (SEAL)

Address \_\_\_\_\_

SS # \_\_\_\_\_

Work # \_\_\_\_\_

Home # \_\_\_\_\_

\_\_\_\_\_ Agent \_\_\_\_\_

(Name of Bondsman)

North Carolina License #

# All American Bail Bonds

244 Princess St. Suite 17

Wilmington, NC 28401

910-675-2828

## PROMISSORY NOTE



\$ \_\_\_\_\_ WILMINGTON, NORTH CAROLINA

\_\_\_\_\_ (print name)

after date. without grace, PROMISES TO PAY TO THE ORDER OF

\_\_\_\_\_ the sum of

(\$ \_\_\_\_\_) DOLLARS, for value received, payable as follows:

\_\_\_\_\_ Any default in the payment of the principal shall cause the whole amount to become immediately due and payable UPON DEMAND by: the holder hereof.

\_\_\_\_\_ Protest, presentment and notice of dishonor waived by all makers and endorsers of this NOTE: This NOTE is secured by:

\_\_\_\_\_ I, or WE, accept and adopt the printed word "SEAL" after our names as our seal with the intent to sign a sealed instrument.

Date \_\_\_\_\_ 20 \_\_\_\_\_ (SEAL)

\_\_\_\_\_ (SEAL)

SS# \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WITNESS :

WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**All American Bail Bonding**  
**244 Princess St. Suite 17**  
**Wilmington N.C. 28401**  
**910-675-2828**

Date \_\_\_\_\_

I, \_\_\_\_\_

(Name on Credit Card)

Hereby give All American Bail Bonding LLC permission to charge \$ \_\_\_\_\_

On my Master Card, Visa, Discover, American Express - Account number  
(circle the one that applies)

\_\_\_\_\_ Expiration date: \_\_\_\_\_

CVV number (3 or 4 digit code on back of card) \_\_\_\_\_

for bond premium and / or collateral on (defendant) \_\_\_\_\_.

\_\_\_\_\_  
Seal / Signature

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone / Cell

\_\_\_\_\_  
Fax number

ANY CREDIT CARD OVER \$1,000.00 – MAKE SURE THE SLIP IS SIGNED WHENEVER POSSIBLE, IF NOT POSSIBLE, GIVE A COPY TO SARAH THE NEXT DAY WITH PERTINANT INFO SO SHE CAN MAKE CONTACT WITH THE CC HOLDER TO FAX THE SLIP FOR THEIR SIGNATURE.

ALSO A COPY OF THE CC HOLDERS DRIVER'S LICENSE & A COPY OF THE CREDIT CARD, TOGETHER WITH THIS FORM FILLED OUT COMPLETELY.