

STATEWIDE BAIL BONDS LLC.

103 BROAD STREET NEW LONDON, CT 06320

PHONE (860) 440-6039 FAX (860) 447-2809

PAYMENT TERMS

* I having obtained a surety bail bond for _____ (defendant's name) and having an unpaid balance agree to pay Statewide Bail Bonds within the following terms:

* **Bond Amount:** \$ _____

* **Premium Amount:** \$ _____

* **Down Payment:** \$ _____ (circle one) cash check credit

* **Amount Owed:** \$ _____ **Special arrangements** _____

* **This note is due and payable as follows:** The first such payment of \$ _____ is due and payable on the _____ day of _____, 20____, and like installment payments shall be due and payable on a WEEKLY, BI-WEEKLY, or MONTHLY (circle one) basis until the total amount owed of _____ is paid in full. All payments made go directly to the amount owed, this is a zero interest payment plan.

Payments must be made within the above terms to keep this payment plan in good standing, if payments are not made this payment plan will be put in default and will be subject to the bond being **REVOKED** and sent to Statewide Bail Bond's attorney for enforcement. If the defendant's case is finished or the defendant is arrested for any reason before the payment plan has been paid in full the outstanding balance is still owed. **Initial**, _____

* **ATTORNEY'S FEES:** If this payment plan is given to an attorney for collection or enforcement, or if a suit is brought for collection or enforcement, or it is collected or enforced through probate, bankruptcy, or other judicial proceedings then the payer(s) shall pay Statewide Bail Bonds all cost of collections and enforcement, including reasonable attorney fees and all court costs in addition to the amount owed. I give Connecticut Bail bonds the right to place a lien on any asset owned.

* **EXECUTED ON THIS** _____ **DAY OF** _____, 20____ **X**

PAYER INFORMATION

NAME _____ **EMPLOYER** _____

ADDRESS _____ **EMPLOYER ADDRESS** _____

CITY, STATE, ZIP _____ **EMPLOYER PHONE #** _____

PHONE (best # for contact) _____ **REFERENCE NAME** _____

PHONE (2nd contact #) _____ **REFERENCE ADDRESS** _____

SOCIAL SECURITY # _____ **DOB** _____ **REFERENCE PHONE #** _____

LICENSE OR STATE ID# _____ **DEFENDANT PHONE #** _____

PLEASE MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO STATEWIDE BAIL BONDS LLC.

PAYMENTS CAN BE MADE IN PERSON OR MAILED TO OUR OFFICE LOCATED AT 103 BROAD ST NEW LONDON CT 06320 or online at www.statewidebailbonds.com

Questions about your payment plan? Call our Credit Department (860) 440-6039

PLEASE READ AND UNDERSTAND THIS CONTRACT BEFORE SIGNING THIS DOCUMENT