

# INDEMNITOR APPLICATION

PERSONAL INFORMATION							
First:		Middle:		Last:		Relation:	
SSN#:		DOB:		DL#:		State:	
Address:			Apt:	City:		State:	Zip:
Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:			Length:	Monthly Payment:		Estimate Worth:	
(H) Phone:		(C) Phone:		Email:		My Space / Face Book	
Emergency Contact:			Phone #		Relation:		
How did you find us: Walk-In <input type="checkbox"/> Friend <input type="checkbox"/> Phone Book <input type="checkbox"/> Lawyer <input type="checkbox"/> Solicited <input type="checkbox"/> Bondsman <input type="checkbox"/> Return Client <input type="checkbox"/> Other <input type="checkbox"/>							
EMPLOYMENT / INCOME							
Current Employer:				Position:		Length:	
Address:			Suite:	City:		State:	Zip:
Telephone:		Ext:	Full Time <input type="checkbox"/> Part time <input type="checkbox"/>		Salary <input type="checkbox"/> Hourly <input type="checkbox"/>	Rate:	
Other form of Income: Yes <input type="checkbox"/> No <input type="checkbox"/>		Source:		Amount:		Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
FINANCIAL ASSETS INFORMATION							
Bank Name:		Checking <input type="checkbox"/> Savings <input type="checkbox"/> IRA <input type="checkbox"/> Money Market <input type="checkbox"/> CD <input type="checkbox"/> Other:					
Investments: Stock <input type="checkbox"/> Bonds <input type="checkbox"/> Real Estate <input type="checkbox"/> Other:				Credit Score: 700+ <input type="checkbox"/> 600-699 <input type="checkbox"/> 500-599 <input type="checkbox"/>			
Credit Cards: Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> Am Express <input type="checkbox"/> Dept Stores <input type="checkbox"/> Diners Club <input type="checkbox"/> Other:							
Vehicle Year:	Make:		Model:		Color:		Tag:
Vehicle Year:	Make:		Model:		Color:		Tag:
LIST 3 PERSONAL REFERENCES (Friends or Family that does not live with you)							
NAME		PHONE #		RELATION		CITY / STATE	
1.							
2.							
3.							
SPOUSE INFORMATION							
(Please check one) Husband <input type="checkbox"/> Boyfriend <input type="checkbox"/> Wife <input type="checkbox"/> Girlfriend <input type="checkbox"/> Baby's Daddy <input type="checkbox"/> Baby's Momma <input type="checkbox"/> Partner <input type="checkbox"/>							
Name:				Address:			
(H) Phone:		(C) Phone:		(W) Phone:			
Employer:				Address:			
MILITARY							
Any Military service: Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Branch: Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/>					
Discharge: Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Medical <input type="checkbox"/> Hardship <input type="checkbox"/>				Date:		Last Station:	
*** NOTARY USE ONLY ***							
STATE:		COUNTY:			COMMISSION EXPIRES:		
NAME PRINTED:			SIGNATURE:				
DATE:							
SIGNATURE							

I hereby declare that all the information provided on this Application for Bail Bonds is true to the best of my knowledge. I relinquish any rights that I am covered under the Information Act, and authorize the release of any information to Set You Free Bail Bonds LLC. I understand that the premium for this bond is Non-Refundable once bond is posted with the courts. That I may be charged a fee of up to \$150.00 for the processing of an application that the bond, for reason uncontrolled by the Bondsman was not processed with the courts.

SIGNATURE:

PRINT: