

Notice to Indemnitor and Defendant

THCLLC

You understand that as co-signer of this contract for said defendant, you must give this company proof of defendant's pleadings. Failure to do so shall cause this company to file a civil suit for the full amount of the bail bond plus all cost. It is hereby further agreed, on said bonds the *Venue on legal proceedings shall occur in Newton County, Decatur Mississippi*. As the indemnitor your financial obligation is as follows, but subject to change without notice.

| | | |
|-----------------------------|----|--------|
| Bail bonds written | \$ | _____ |
| Administration Fees | \$ | 250.00 |
| Legal Fees (Judge to rule) | \$ | _____ |
| Subtotal | \$ | _____ |
| Collection 30% | \$ | _____ |
| Total (Subjected To Change) | \$ | _____ |

Promissory Note

THCLLC

You understand that as co-signer of this contract for said defendant, it is hereby further agreed on said bond, *the Venue on legal proceeding shall occur in Newton County, Decatur Mississippi*. As the indemnitor your financial obligation is as follows, but subject to change without notice.

| | | |
|-----------------------------|----|--------|
| Bail bonds written | \$ | _____ |
| Administration Fees | \$ | 250.00 |
| Legal Fees (Judge to rule) | \$ | _____ |
| Subtotal | \$ | _____ |
| Collection 30% | \$ | _____ |
| Total (Subjected To Change) | \$ | _____ |

Indemnitors, hereby authorize any person, agency, partnership, or corporation having any information concerning my character and financial reputation to release such information to The Hampton Company National Surety LLC, its assigns and/or duly authorized representatives. I hereby release such person, agency, partnership, or corporation from liability which may be incurred in releasing this information to The Hampton Company National Surety LLC, its assigns and/or duly authorized representatives.

Sign X _____
Defendant _____
(Print Name)

Sign X _____
Indemnitor _____
(Print Name)

Sign X _____
Indemnitor _____
(Print Name)

Soc/Sec _____

Soc/Sec _____

Soc/Sec _____

Address _____

Address _____

Address _____

Town _____ Zip _____

Town _____ Zip _____

Town _____ Zip _____

Employment _____

Employment _____

Employment _____

Address _____

Address _____

Address _____

Employment Phone _____

Employment Phone _____

Employment Phone _____

Witness by _____ Agent _____ Date _____

Defendant's Name (Print) _____ Power No# _____

Terms _____ Final Due Date _____