

Unpaid Premium Agreement

Regan Bail Bonds, Inc.
Phone: (360) 694-2245

612 West Evergreen Blvd, Vancouver, WA 98660
Fax: (360) 694-2116 Toll Free: 888-787-2245

Defendant's Name: _____ Date: _____

Bond Number: _____ Jail: _____

Bail Amount: _____

Total Premium Amount: \$ _____ Amount Paid Down: \$ _____

Other Fees Charged: \$ _____ Balance Due: \$ _____

Balance to be paid within **7/ 14/ 30/ 60/ 90/ 180 / 365** days (circle) of execution of the bail bond agreement. Note: Full premium fee is renewable after one year in the event the bond continues beyond one year.

Payments of \$ _____

First payment is due on _____ 5th Payment _____

2nd Payment _____ 6th Payment _____

3rd Payment _____ 7th Payment _____

4th Payment _____ 8th Payment _____

9th Payment _____ 10th Payment _____

Unless otherwise agreed to in writing, **all** subsequent payments are due every **30** days thereafter.

_____ Initial(s) We agree that collateral _____ (# _____) be used to secure the herein Unpaid Premium Agreement. I/We understand and agree that such collateral cannot be transferred, sold, liquidated, diminished, or in any other way disposed of while an outstanding balance is due Regan Bail Bonds, Inc. If certain collateral described above is being physically held by Regan Bail Bonds, Inc. as stated above, and if no initial payment is made, Regan Bail Bonds, Inc. will immediately liquidate said collateral in accordance with WAC 308.19.240 Section (9)

_____ Initial(s) I/We understand that if payments are not received five (5) days of the scheduled due date, I/We may be charged a late payment fee of 33% per annum based on the amount owed. Also, if payment is late, other fees such as Collection Agency Fees, Court Cost, Search Engine Cost, Attorney's fees, Investigation's fees (Minimum \$100/hour), Garnishment Fees or any other agency fee (up to \$100/month) may be applied after the five (5) day grace period elapses.

_____ Initial(s) Waiver of grace period must be in writing from Regan Bail Bonds, Inc. in order to avoid these late fees and interest. This obligation is payable in full, and upon written demand, in the event of a forfeiture of the bond, or a failure to make payments on time. All payments will be made to: **Regan Bail Bonds, Inc. at 612 West Evergreen Blvd, Vancouver, WA 98660.**

I/we have read and agree with the above declarations and I/We promise to pay the balance due as prescribed above.

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____