



Post Bail Bonds, Inc.
3310 South Jones Blvd Ste R
Las Vegas, NV 89146
Office Phone: (702) 384-7777
FAX: (702) 384-7778

POST BAIL BONDS, INC

BAIL APPLICATION AND AGREEMENT

INDEMNITOR									
Name Last,	First	M.	Alias		Inmate ID#		DOB		
Social Security Number	State ID#		Issuing State		Weight	Height	Hair	Eyes	
ID Marks / Tattoos	What		Where		Race	Sex	(Circle One) Right or Left handed		
Email Address	Facebook		Gang Affiliation		Union Member		Church		
Military Branch	Date of Discharge	Type of Discharge		MOS		Rank			
Current Address		City,		State		HM Phone		Cell Phone	
Zip		(Circle One) Own/Buying Rent		How Long	Monthly Pmt		Mortgage / Land Lord Number		
Previous Address		City,		State	Zip	How Long	Mortgage / Land Lord Number		
Vehicle # 1 Make	Model		Year	Color	Plate Number		State		
Vehicle # 2 Make	Model		Year	Color	Plate Number		State		
Indemnitor's Family Information									
Fathers Name		Address		City	State	Zip	Phone		
Mothers Name		Address		City	State	Zip	Phone		
Sibling's Name		Address		City	State	Zip	Phone		
Sibling's Name		Address		City	State	Zip	Phone		
Childs Name	Age	Address		City	State	Zip	School		
Childs Name	Age	Address		City	State	Zip	School		
Best Friend's Name		Address		City	State	Zip	Phone		

Spouse or Significant Others Family Information					
Spouse or Significant Other's Name	Address	City	State	Zip	Phone
Employer	Address	City	State	Zip	Phone
Maiden Name					
Father's Name	Address	City	State	Zip	Phone
Mothers Name	Address	City	State	Zip	Phone
Sibling's Name	Address	City	State	Zip	School
Sibling's Name	Address	City	State	Zip	School

By signing this agreement, I do hereby Authorize Post Bail Bonds, Inc., employees or designates to contact any and all background checks, credit checks, financial and criminal reports or investigations or any other such report, investigation, or search as they deem necessary to the issuance, maintenance, or termination of this bond or any collection efforts thereon, or in any way connected thereto, and further authorize the release of any and all records, papers, documents, evidence, or other such material, as mat be requested, including any background checks, credit checks, criminal histories etc. to it employees, or designates.

Signature: _____

Date: _____

Indemnitor's Banking and Credit Information					
How would you rate your credit? (Circle One)		Excellent	Good	Fair	Poor
Assets					
Bank	Checking	Account Number	Balance \$		
City	Savings	Account Number	Balance \$		
Bank	Checking	Account Number	Balance \$		
City	Savings	Account Number	Balance \$		
401K	Account Number	Balance	Account Management	Phone	
		\$	\$		
		\$	\$		
Debts					
Mortgage Company		Year Purchased	Price paid	Amount Down	Current Value
Monthly Pmt \$			\$	\$	\$
Credit Cards	Account Number	PMT	Amount owed		
1		\$	\$		
2		\$	\$		

3			\$	\$				
4			\$	\$				
Auto loans	Account Number	Monthly PMT	Balance Owed	Year	Make	Model	Lic Plate #	State
1		\$	\$					
2		\$	\$					
3		\$	\$					
4		\$	\$					

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Signature: _____ Date: _____

Indemnitor's Employment Information				
Current Employer				
Name	Address Zip	City	State	Phone
Position	(Circle One) Salary Hourly	Supervisor's Name		
		How Long	Last 10 Years of employment needed	
		Annual Income		
Previous Employer				
Name	Address Zip	City	State	Phone
Position	(Circle One) Salary Hourly	Supervisor's Name		
		How long		
		Annual Income		
Previous Employer				
Name	Address Zip	City	State	Phone

Position	(Circle One) Salary Hourly	Supervisor's Name		
		How long		
		Annual Income		
Indemnitor's Reference list				
Name	Home Phone		Cell Phone	Work Phone
Address	City,	State	Zip	Employer
Name	Home Phone		Cell Phone	Work Phone
Address	City,	State	Zip	Employer
Name	Home Phone		Cell Phone	Work Phone
Address	City,	State	Zip	Employer

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Signature: _____ Date: _____