



**ACTION BAIL BONDS, LLC**

P.O. Box 717  
Carthage, NC 28327

Agent \_\_\_\_\_  
Power No. \_\_\_\_\_  
Case No. \_\_\_\_\_  
Execution Date \_\_\_\_\_

Indemnitor's Relationship to Application \_\_\_\_\_

Defendant Arrested Before \_\_\_\_\_ Convicted \_\_\_\_\_ Offense \_\_\_\_\_

Do You \_\_\_\_ own or \_\_\_\_ rent the house in which you live?

Automobile-Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License No. \_\_\_\_\_

Driver License No. \_\_\_\_\_ State \_\_\_\_\_

Last agent to bond you out \_\_\_\_\_

**FINANCIAL STATEMENT**

Name of Indemmitor 1 \_\_\_\_\_  
(First) (Middle) (Last)

Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_\_

Residence Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vehicle Make/Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag# \_\_\_\_\_

Employed by \_\_\_\_\_ Boss \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Indemmitor 2 \_\_\_\_\_  
(First) (Middle) (Last)

Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_\_

Residence Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vehicle Make/Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag# \_\_\_\_\_

Employed by \_\_\_\_\_ Boss \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Personal References

Work or Home Address

Phone

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

IN WITNESS WHEREOF, the parties have executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF DEFENDANT

\_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF INDEMNITOR

\_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF CO-INDEMNITOR