

Indemnity Agreement and Guaranty

Stephen Talbert

295 Tyson Ln., P.O. Box 717

Carthage, NC 28327

Permit NPN-11812819

North Carolina

_____ County

DATE: _____

AMOUNT OF BOND: _____ PREMIUM _____

BOND NUMBER: _____ COMPANY: _____

I understand in signing this bond for obtaining the release of

I am responsible for him/her appearing in Court each time he/she is so ordered; also I understand I am responsible for payment of any court costs for non-appearance if he/she fails to follow any and all instructions or orders of the Court or forfeits this bond, and it becomes necessary to apprehend and surrender him/her to the Court, I understand I am responsible for any and all expenses incurred as a result of such forfeiture and further, if such a forfeiture occurs and defendant is not surrendered to the Court within time prescribed by law, I understand I am required to pay the FULL AMOUNT of the bond posted, including unpaid bail premium, if applicable in this state. Should state laws supersede this or any part of the agreement, all other terms are still in full force and effect in accordance with all of the terms of the Bail Agreement of even date herewith.

COLLATERAL cannot be returned until such time as the Company receives written notice from the clerk of the court. This agreement is void upon termination of liability on the bail bond as provided by North Carolina Administrative Code 11NCAC 13.0512.

I am not a paid signer. I have no connection with a Bail Bond Consultant.

I have read the above contract and understand it, and agree to fulfill ALL provisions therein.

SIGNATURE OF INDEMNITOR

INDEMNITOR ADDRESS

AGENT: Stephen F. Talbert

SIGNATURE: _____
ACTION BAIL BONDS, LLC
910.947.3729 OFFICE PHONE